

Mississippi Pandemic Influenza Incident Annex



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Section I: General Considerations and Planning Assumptions

A. Introduction

Governor's Executive Order No. 1022 established the Mississippi Pandemic Influenza Incident Annex Planning Steering Committee to direct the development of a comprehensive pandemic influenza Annex and serve as the senior advisory council in all matters related to Mississippi's Pandemic Influenza Incident Annex. The Steering Committee is chaired by the State Epidemiologist and comprised of representation from:

- Mississippi Commission for Volunteer Service
- Mississippi Department of Agriculture and Commerce
- Mississippi Department of Education (K-12)
- Mississippi Department of Finance and Administration
- Mississippi State Department of Health
- Mississippi Department of Human Services
- Mississippi Department of Public Safety – Office of Homeland Security
- Mississippi Economic Council
- Mississippi Emergency Management Agency
- Mississippi Governor's Office
- Mississippi National Guard
- Mississippi Office of the Attorney General
- Mississippi State Personnel Board

The Executive Order further directs the development of workgroups to support and assist the Steering Committee, other state agencies and stakeholders in executing the development of a comprehensive state Pandemic Influenza Incident Annex. In June 2009, the Steering Committee established the following workgroups:

- Community Mitigation Strategies
- Healthcare and Public Health Capacity
- EMS, Public Safety and 9-1-1 Capacity
- Federal Agencies and Foreign Missions
- Identification and Maintenance of Essential Government Functions
- Identification and Maintenance of Critical Infrastructure

The workgroups were assigned the following activities as related to their assigned topic:

- Confirm identified gaps in portions of the existing State Pandemic Influenza Plan that are assigned to the workgroups
- Assist with fact gathering
- Review and approve draft sections of the Annex
- Identify recovery operations

B. Purpose

When operationalized, elements of this Annex are designed to reduce morbidity and mortality associated with Pandemic Influenza (PI) for the residents of Mississippi as well as reduce the impact of a PI on the maintenance of government services and critical infrastructure. Additionally, execution of elements of this Annex is designed to minimize the broader economic and social impact of a PI on the population of the state of Mississippi.

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C. Scope

This Annex establishes a framework for management of statewide operations in response to Pandemic Influenza with appropriately scaled and structured responses. It establishes policies and procedures by which the state shall coordinate local and state preparedness, response and recovery efforts for a PI. The Annex identifies and provides a broad series of guidelines for action if a PI threat is realized and addresses all events and activities deemed necessary by the State Health Officer or his/her designee to execute a coordinated statewide response.

This plan focuses on preparedness activities as well as response and recovery operations. Prior to activation, this plan is intended to be utilized as a guide for preparedness activities. Upon activation, it serves to complement the Mississippi CEMP and agency/organization specific response plans, policies and procedures to provide a common operating framework for the execution of response and recovery operations.

D. Situation

A pandemic influenza represents a public health emergency that impacts all sectors of society. Its occurrence is also unique in that it is considered inevitable. A PI occurs when a significant antigenic drift or shift occurs in an influenza virus, resulting in a novel strain that spreads efficiently from person-to-person, to which the population has not been exposed and for which there is no underlying immunity. The severity of a PI event is generally variable and unpredictable. There have been four PI events in the past century: 1918, 1957, 1968 and 2009. The PI event of 1918 is considered to be one of the most severe disease events in known history.

A large number of influenza cases will increase the burden to hospitals and other healthcare infrastructure. Morbidity and mortality may disproportionately impact younger and healthier people (as was experienced in 1918) and will reduce the availability of workers due to worker illness or workers caring for those who are ill. Limitation of social interactions will decrease opportunities for disease transmission. This and other mitigation strategies will likely create additional burdens upon the productivity and availability of the workforce.

Medical countermeasures emphasize prevention of influenza through immunization and targeted use of appropriate antivirals for treatment and limited use as prophylaxis for exposed high-risk populations. The anticipated time for vaccine development can be up to six months. Additional lag times associated with the development and availability of the vaccine in sufficient quantities for the total population must also be anticipated. Antivirals may be of limited value as resistance to these drugs has been noted in many previous seasonal and novel influenza cases.

E. Planning Assumptions

The development of the Mississippi Pandemic Influenza Incident Annex is based on the following assumptions:

- All areas of the public and private sectors will be adversely affected by a pandemic influenza.
- Aid and resources outside of Mississippi will be limited.
- The population will have no underlying immunity to the novel influenza strain.
- Asymptomatic or minimally symptomatic individuals may transmit the virus.
- Once efficient human-to-human transmission is established, the virus will be transmitted similar to seasonal influenza.
- The majority of influenza cases will not experience severe outcomes.
- The seasonality of PI cannot be predicted with certainty.
- There may or may not be significant lead time between the detection of a novel influenza strain and its full impact upon Mississippi.
- The pandemic may last up to 18 months and may occur in multiple waves, with varying morbidity and mortality.
- Each wave of disease will last up to four months.
- Vaccine will not be available for at least the first four to six months of the pandemic and will initially be of limited availability.
- Due to limited quantities and production capacity of vaccine, vaccination of the population may take up to 20 months to complete once vaccine is initially available.
- Non-pharmaceutical interventions will likely be the principle disease mitigation strategy until a vaccine becomes widely available.
- Antivirals may not be effective against the novel influenza strain, or the strain may acquire resistance.
- Antivirals will not be indicated for all populations.
- Mandatory isolation and quarantine measures may be necessary if the pandemic is severe.
- Workplace absenteeism due to illness or caring for the ill may be in excess of 40% for up to eight weeks during the peak of the pandemic and at lower levels throughout.
- The flow of critical goods and services provided by vendors, contractors and consultants may be interrupted.
- The economic impact of Pandemic Influenza on the state of Mississippi could be in excess of \$4.9 billion² in a severe pandemic.

F. Concept of Operations

The Mississippi Pandemic Influenza Incident Annex rests on a conceptual framework of disease spread coupled with disease severity. For activities surrounding preparedness, communication, surveillance, detection, response and containment, this Annex aligns with the U.S. Government (USG) stages (see Figure 1) and the Centers for Disease Control and Prevention (CDC) response intervals. Figure 1 shows the alignment of these different measures of a response with the epidemic curve of a pandemic wave. The blue line is a notional representation of the disease burden over time. The World Health Organization (WHO) also has phases of response based on global measures of disease spread. While the WHO phases are significant in

² *Issue Report: Pandemic Flu and the Potential for US Economic Recession – A State-by-State Analysis*, Trust for America's Health, May 2007

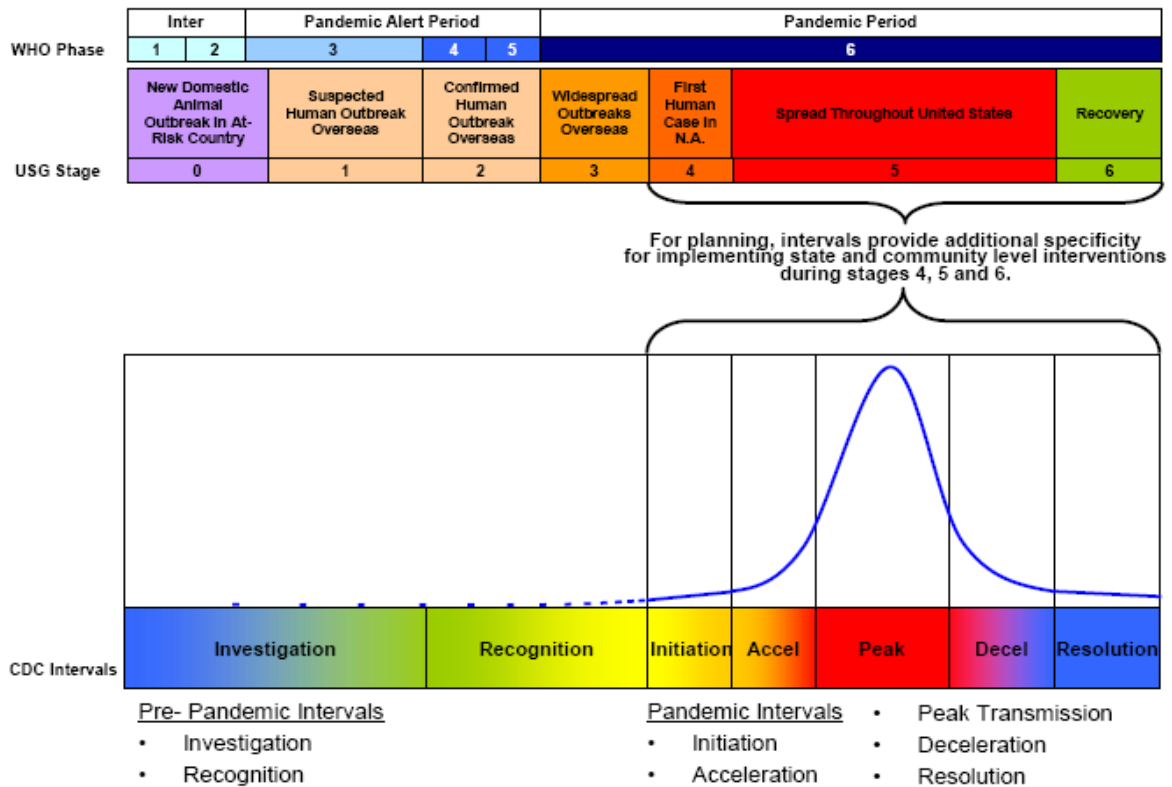
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monitoring the global situation, they generally do not directly influence local and state response operations.

The other determinant of response is the severity of the disease once people become infected, which is measured by the Pandemic Severity Index and is illustrated in Figure 2.

Figure 1³: WHO Phases, U.S. Government Response Stages and CDC Pandemic Intervals

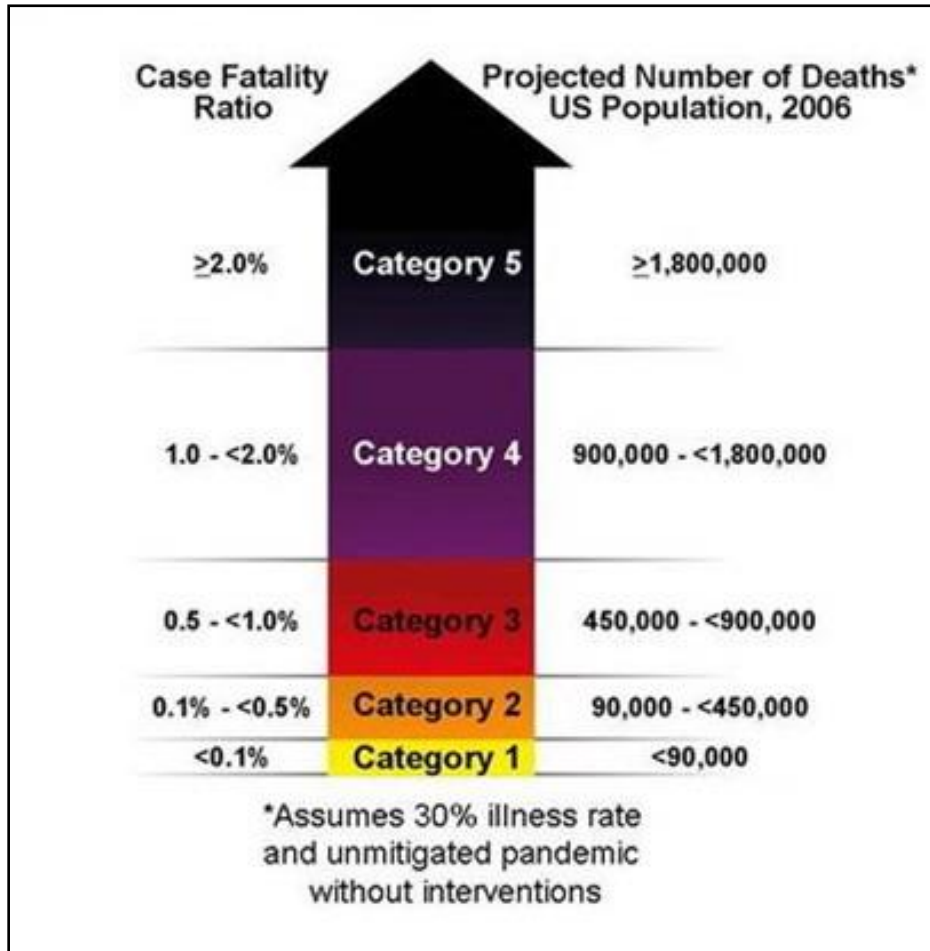
The figure below represents the relationship of the different response stages as defined by WHO, USG and CDC overlaid on a notional epidemic curve. This shows an approximation of how the phases/intervals escalate along with the epidemiology of a pandemic.



³ From *Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans*, March 11, 2008.

Figure 2²: Pandemic Severity Index

The figure below represents the definitions used by the CDC to determine the severity of a pandemic based on the Case Fatality Ratio and includes an approximate estimate of the number of U.S. deaths from a pandemic of each severity throughout the entirety of a pandemic.



1. Alignment with National Response Framework (NRF)

The response to Pandemic Influenza will be managed by the State of Mississippi through the Emergency Support Function (ESF) structure outlined in the Mississippi Comprehensive Emergency Management Plan (CEMP). The Mississippi CEMP is based on the National Response Framework (NRF), as outlined in the Basic Plan portion of the CEMP.

Due to the public health and medical nature of PI, ESF-8, Public Health and Medical Services, will be the lead ESF for overall response efforts and the Mississippi State Department of Health will serve as the primary agency for the state.

2. Use of National Incident Management System (NIMS)

The State of Mississippi adopted the National Incident Management System as the fundamental principle of incident management in the Governor's Executive Order Number 932. NIMS provides a consistent nationwide approach for local, state, federal and tribal governments, as well as the private sector and non-governmental organizations, to work

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together to prepare for, prevent, respond to and recover from domestic incidents regardless of cause, size or complexity. This structure is reflected in the CEMP Basic Plan and all annexes and associated plans.

3. Local, State, Interstate and Federal Coordination

Local

The initial responsibility for the first level of Pandemic Influenza response, emergency actions, direction, control and coordination rests with the local government through both its elected and appointed officials. County and municipal governments will function in a pandemic influenza event in accordance with local laws and community requirements.

During a Pandemic Influenza, local jurisdictions and public health entities are responsible for coordinating healthcare activities within the community and should work with local health departments and hospitals to:

- Improve communication with medical care providers and healthcare organizations.
- Monitor local hospital resources (e.g., adult and pediatric hospital beds, intensive care unit beds, emergency department beds, medical supplies, mortuary capacity, respirators and other equipment).
- Monitor other local healthcare facilities/resource such as community health centers.
- Address emergency healthcare staffing needs and other medical surge capacity issues.
- Encourage coordination among state and federal healthcare facilities, such as Veterans Administration hospitals, Indian Health Service facilities and Department of Defense (DOD) hospitals.
- Conduct contingency planning with:
 - Private sector groups that support hospital functions to ensure continuity of operations during the pandemic.
 - Public utilities to ensure continued service during the pandemic.
 - Local law enforcement agencies who can help maintain order if a hospital is overwhelmed by a large volume of patients (ill or worried well).
- Identify alternative care sites for patient care (child and adult) and sites for quarantine.
- Identify community-based organizations that can provide psychological and social support to healthcare workers, public health field workers and other emergency responders and the public.

Counties and municipalities should become signatories of the Statewide Mutual Aid Compact, which allows for deployment of resources statewide. Counties and other localities should implement mutual aid agreements with other entities within their region based upon their expected need for resources to adequately respond to the PI event.

State resources may be requested and made available through the County Emergency Operations Center (EOC) or through the Unified Coordination Group at the County EOC to the Mississippi Emergency Management Agency (MEMA). Public health resources are generally requested through the County Health Department to the State Department of Health.

Local government officials should request needed assistance from the State utilizing the most effective means of communication available with the ultimate goal of providing written

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or electronically produced requests. Requests for assistance from local government will, at a minimum, contain the following:

- Specifics of the Pandemic Influenza event.
- Special provisions deemed necessary to cope with the situation.

Local government officials, through the emergency management director or designee, are expected to coordinate with MEMA consistent with the Concept of Operations in the CEMP Basic Plan.

State

The state of Mississippi will coordinate the mobilization of state resources to assist local response efforts and coordinate requests for additional support from federal and interstate resources. The Mississippi State Department of Health (MSDH) will be the coordinating agency for response operations and will work within existing coordination and communication structures as appropriate. However, a request may be made for the Governor to declare a state of emergency (MS Code 33-15-11) to enact emergency powers and enhance the ability to support response operation for any of the following reasons:

- The scope of coordination exceeds the capacity of MSDH to manage it, requiring the activation of the State Emergency Operations Center (SEOC).
- The scope of response becomes (or is anticipated to become) too costly to accommodate with existing funds.
- The response includes significant federal involvement requiring disaster-specific systems to be in place.
- There is a need for agencies and/or individuals to operate outside of existing rules/regulations for a temporary period of time.

A detailed description of state agency/organization responsibilities is provided in Section II and Attachment C of this Annex.

Interstate

Assistance can be requested from other states through the Emergency Management Assistance Compact (EMAC) as outlined in the CEMP Basic Plan and ESF-8 Annex. Other states may request assistance from the State of Mississippi through these mechanisms. Assistance may be limited, particularly as the Pandemic Influenza progressively impacts the region and the nation.

Federal

The role of the federal government in Pandemic Influenza response will differ in many respects from its role in most other natural or manmade events. The distributed nature of Pandemic Influenza, as well as the sheer burden of the disease across the nation, suggests that the physical and material support that states, localities, and tribal entities can expect to receive from the federal government will be limited in comparison to the aid it mobilizes for geographically and temporally bounded disasters like earthquakes or hurricanes.

The federal government will bear primary responsibility for certain critical functions, including the support of disease containment efforts overseas and limitation of the arrival of a Pandemic Influenza to our shores; provision of clear guidance to local, state and tribal entities, the private sector and the public on protective measures and responses that should be taken; modifications to the law and regulations to facilitate the national pandemic response; and modifications to monetary policy to mitigate the economic impact of a Pandemic Influenza on communities and the nation.

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The federal response is coordinated under the National Response Framework, with the U.S. Department of Health and Human Services (HHS) serving as lead agency for ESF 8, Public Health and Medical Services. Other federal agencies, such as the U.S. Department of Agriculture, also have responsibilities and capabilities that may be required in a PI.

The federal Department of Homeland Security (DHS) provides support by working with (HHS) to communicate situational updates among public and private entities as well as provide available assistance through the activation and coordination of federal emergency management and response resources.

Requests for federal assistance will be made by MEMA through the structures identified in the CEMP Basic Plan.

G. Operational Phases

Outlined below is an overview of operations at the State level. Detailed tasks by agency and functional area are described in Section II of this Annex. A guide to support coordination within Emergency Support Functions (ESF) based on the pandemic interval and severity is also provided in Attachment C.

1. Preparedness

Preparedness activities identified in this Annex include activities that should be undertaken prior to the occurrence of a pandemic to mitigate impact on the state of Mississippi. These activities will ensure a high level of operational readiness should a pandemic emerge rapidly. Preparedness activities correspond with the following federal measures:

USG Stage: 0/1/2/3

CDC Interval: Investigation, Recognition

Trigger indicating that Mississippi could be affected:

Ongoing preparedness activities in the absence of known pre-pandemic disease activity (USG Stage 0).

Suspected overseas reported by WHO or CDC may add urgency to preparedness activities (USG Stage 1).

Confirmed human overseas reported by WHO or CDC may add urgency to preparedness activities (USG Stage 2 & 3).

Detailed response activities by agency/organization and ESF are in Section II of this annex.

Planning

The Mississippi State Department of Health (MSDH) has primary responsibility for preparedness activities in order to mitigate the impact of Pandemic Influenza. Preparedness activities involve the identification of new and emerging infectious diseases including novel strains of influenza, prevention and control of spread of disease to the population of Mississippi, and the development of operational capacity and capability in order to respond to and recover from pandemic influenza events. MEMA has the primary responsibility for ensuring that planning activities are consistent within the current planning structures including the Mississippi Comprehensive Emergency Management Plan (CEMP) and the National Incident Management

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System (NIMS) as well as the National Response Framework (NRF). All agencies and organizations are responsible for developing and maintaining Continuity of Operations Plans (COOP) with pandemic specific information (see Section II.A for more information).

All state agencies and organizations are responsible for developing internal pandemic influenza plans and procedures to carry out their responsibilities and essential functions throughout a Pandemic Influenza event.

Training

MSDH is responsible for preparing and providing Pandemic Influenza awareness training materials to Mississippi agencies and organizations as requested. Such training should occur at least annually to inform state personnel about essential elements related to Pandemic Influenza planning, response and recovery.

Exercising

MSDH, MEMA and the Mississippi Department of Public Safety (MDPS) - Office of Homeland Security will incorporate pandemic influenza response functions into the multi-year exercise plan such that exercises support testing of the impacts of Pandemic Influenza on response efforts, familiarize personnel with their responsibilities, and evaluate the effectiveness of Pandemic Influenza response planning.

Alert Notification

Information sharing and coordination systems, including communicating pandemic alert levels and the degree of state response activation for pandemic response are outlined in Section II.O of this annex. While a pandemic may not necessarily fall into response categories, there are elements of response that may serve to operationalize some elements of this plan in the preparedness phase. This includes information sharing mechanisms, enhancing epidemiology and surveillance systems and enhancing preparedness activities based on evidence that there is an increased likelihood of a pandemic impacting Mississippi in the near-term.

2. Response

Response activities include operations executed throughout a pandemic influenza event impacting the state of Mississippi. The response phase will include steps to activate response systems, prevent the spread of disease, prevent severe clinical outcomes in the ill, ensure that adequate support exists for response activities and ensure the continuity of operations across the state. Response activities correspond with the following federal measures:

USG Stage: 4/5

CDC Interval: Initiation/Acceleration/Peak/Deceleration

Trigger indicating that Mississippi could be affected: There are laboratory-confirmed human outbreaks in North America.

Trigger indicating that Mississippi is affected: One or more clusters of novel influenza with sustained and efficient human-to-human transmission in Mississippi or bordering states (USG Stage 4).

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One laboratory-confirmed⁴ case of pandemic influenza detected within Mississippi or an adjacent state⁵ with evidence⁶ of increased occurrence of respiratory illness in Mississippi; or Two or more laboratory-confirmed⁹ cases of pandemic influenza detected within Mississippi or an adjacent state¹⁰ that are not epidemiologically linked to any previous case (USG Stage 5).

Detailed response activities by agency/organization and ESF are in Section II of this annex.

Response Activation

In general, this plan will be activated for response activities by the State Health Officer or designee in coordination with MEMA, the Office of the Governor and other agencies/organizations as appropriate. Levels of activation of this Annex are based on the response effort and resources indicated by the severity of the event. There are four levels of activation:

Level 1 Normal Operation – Agencies conduct normal operations and preparedness activities consistent with this Annex. Resources and costs are managed under usual management structures. MSDH may conduct enhanced surveillance and communication/coordination operations based on the current pandemic information from federal and international health agencies.

Level 2 Enhanced Operations – Some required response activities are occurring and necessitate communication between agencies and organizations. Resources and funding to support these response activities may be conducted outside normal departmental procedures at the direction of their parent agency/organization; however, funding and resources continue to be the responsibility of the responding agency/organization. The mobilization of medical resources, including the federal Strategic National Stockpile, may be initiated and distributed based on need and availability. Some community mitigation measures may be recommended.

Level 3 Governor Declared State of Emergency – Mississippi State emergency powers are instituted and under such authorities agencies/organizations may be eligible for reimbursement of expenses related to response activities. Resources are fully coordinated by agencies/organizations within the ESF response framework. Community mitigation measures will be implemented and management of scarce medical resources will be coordinated by MSDH.

Level 4 Federal Declaration of an Emergency – Similar to Level 3 but with additional federal assistance available, including the reimbursement of costs for certain response activities under the Stafford Act. Federal coordinating systems are fully activated.

Statewide Command and Control

Upon initiation of a Pandemic Influenza response, MSDH will be the primary agency and will coordinate response activities. In the event of a Governor-declared state of emergency, Mississippi Emergency Management Agency (MEMA) and the State Emergency Operations Center (SEOC) will serve as the coordinating structures for response operations.

⁴ Confirmed by a Laboratory Response Network (LRN) Reference Laboratory (not a Sentinel Laboratory)

⁵ Some epidemiologic judgment must be used in determining when a case in an adjacent state triggers the Initiation Interval in Mississippi.

⁶ As detected by surveillance systems operated by the MSDH.

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Statewide command and control mechanisms and parameters under a declared state of emergency are defined in the Mississippi Comprehensive Emergency Management Plan (CEMP):

- Sections III - Concept of Operations.
- Section IV - State Agency, Organization and Responsibilities

Specifically, the CEMP defines MEMA as the primary interface between local authorities and the state during an emergency. ESF 8 further defines MSDH as the responsible state authority for command and control of public health emergencies. MEMA and MSDH will coordinate State-level command and control during Pandemic Influenza.

3. Recovery

Recovery activities are steps taken to return the state to normal functioning. Emergency measures taken are scaled back, and work is focused on resolving any problems caused by the pandemic including the social and economic impact of the illness itself as well as from the necessary response measures:

USG Stage: 6

CDC Interval: Recovery

Trigger indicating that Mississippi could be affected: Laboratory-confirmed human outbreaks throughout the United States are only occurring sporadically.

Trigger indicating that Mississippi is affected: Laboratory-confirmed pandemic influenza cases are occurring only sporadically in Mississippi, as defined in CDC surveillance criteria, or the Mississippi healthcare system utilization is approaching pre-pandemic levels.

Detailed recovery activities by agency/organization and ESF are located in Section II of this Annex.

Demobilization of Response

As influenza activity decreases and incidence and severity of influenza begin to align with seasonal influenza activity, demobilization of many response activities may be initiated.

Demobilization activities may include:

- Discontinuation of community mitigation activities.
- Facilitation of recovery of public health and healthcare institutions.
- Facilitation of recovery of infrastructure.
- Preparation for the potential of a subsequent wave of pandemic influenza activity.
- Replenishment of stockpiles/caches of resources.

Recovery Process

During a declared state of emergency, the Mississippi State Department of Health Emergency Operations Center will convene with the State Epidemiologist and other appropriate stakeholders to assess criteria for potential cessation of enhanced public health support and generate a demobilization plan to describe reduction of surveillance operations and staged withdrawal of response operations. Detailed recovery responsibilities are included in Section II of this Annex.

Funding and Compensation

All funding and reimbursement for Pandemic Influenza activities will be managed by individual agencies under their normal authority and responsibility. Under a Governor's State of

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Emergency or Presidential Disaster Declaration, MEMA will be responsible for providing technical assistance for reimbursement for funding made available under these declarations.

Mental Health and Workforce Support

Mental health of the workforce is a function that will need to be addressed throughout a pandemic response and will be a critical factor in returning to normalcy across the state. All agencies are responsible for identifying resources to support their staff. However, at the request of state agencies and organizations, the Department of Mental Health and ESF 8 can provide assistance in identifying mental health and workforce support services.

Integrating Lessons Learned

Throughout the phases of a pandemic, it is anticipated that there will be significant periods (several weeks at a time) of reduced disease activity. Based on disease surveillance data, MSDH will identify when Mississippi is entering one of these interim periods between phases of disease activity. During this time, individual agencies will identify required actions in preparation for potential subsequent waves of the pandemic influenza. All agencies/organizations will identify and implement corrective actions that can be taken prior to an anticipated subsequent wave of disease activity.

All recovery operations will include debriefings of response operations by the participating agencies and organizations. Results of these debriefs will drive after-action reports and corrective actions to this Annex and agency/organization specific plans and procedures.

Section II: Operational Objectives

The section is divided into subsections that are organized to be inclusive of all functions described in the March 2008 *Federal Guidance to Assist State in Improving Pandemic Influenza Operating Plans*. Each subsection is intended to be sufficient as an independent document to outline major tasks associated with each response function by phase of response and by state agency/organization. The sections are also organized to direct the reader to specific supporting capabilities, programs and procedures that exist in agency/organization specific response plans that are critical to the execution of the tasks identified in this section. To further support the implementation of these tasks, an Emergency Support Function Coordination Guide is provided as Attachment C to this Annex.

Section II.A

Sustain Operations of State Agencies and Support and Protect Government Workers

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Emergency Management Agency

Supporting Agencies and Organizations

All State Agencies/Organizations

Mississippi Department of Finance and Administration

Mississippi Department of Information Technology Services

Mississippi Department of Mental Health

Mississippi Department of Public Safety - Office of Homeland Security

Mississippi State Personnel Board

Mississippi State Department of Health

The state of Mississippi performs numerous services and functions on which the residents of the state depend. The state has identified essential services and functions and established plans and strategies to continue them in the case of emergencies and specifically in the case of the large-scale personnel impacts of Pandemic Influenza (PI). The key component to continuing operations during a Pandemic Influenza is prevention of disease and protection of government employees.

The state adopts the approach that expertise, time and effort focused on prevention and preparedness will pay dividends when response and recovery are needed. The following sections outline prevention and preparedness, response and recovery activities in the areas of protecting government workers and sustaining the operations of state agencies in a Pandemic Influenza.

The Mississippi Emergency Management Agency (MEMA) is responsible for coordinating and assisting continuity of operations planning for state government and will maintain copies of state agency continuity of operations (COOP) plans. As part of the Pandemic Influenza planning process, agencies have examined the particular implications of Pandemic Influenza on their ability to continue essential functions. (See Attachment II.A.a) Each agency/department selects a pandemic influenza COOP coordinator; this person may be the same individual who serves as the agency/department's overall COOP coordinator as identified in the roster maintained by MEMA.

1. Prevention and Preparedness Tasks and Responsibilities

Prevention and preparedness for sustaining state agency operations and protecting state employees include a range of activities from identifying essential functions and establishing contingency arrangements to continue those functions in the event of significant absenteeism due to illness to informing employees about measures to reduce disease spread and planning for continuity measures such as teleworking, where feasible.

A. Mississippi Emergency Management Agency

- 1) Coordinate COOP planning across state agencies and departments and coordinate Continuity of Government (COG) for state government. See also Section II.V regarding critical infrastructure and key resources.
- 2) Review and plan for impacts of Pandemic Influenza on the state's capability to provide appropriate multi-agency response in the event of a concurrent non-pandemic related emergency/disaster incident.
- 3) Establish priorities for state agencies and departments regarding capabilities to continue essential functions and services during a Pandemic Influenza.
- 4) Assist state agencies to determine priority essential state functions and establish support mechanisms to facilitate continuity of priority functions and services.
- 5) Coordinate with purchasing and travel units to update and maintain a list of emergency contracts for supplies and services critical to state operation.

B. Each State agency or department is responsible for:

- 1) Identifying essential functions. Process for review of state essential functions. (See Attachment II.A.a.)
- 2) Maintaining a COOP plan. A list of state agency COOP information relevant to a pandemic. (See Attachment II.A.a.)
- 3) Cross-training personnel to maintain essential functions in an emergency, including a pandemic.
- 4) Identifying positions requiring special credentials that are responsible for essential functions.
- 5) Creating and maintaining standard operating procedures (SOPs) for essential functions (See Attachment II.A.a.)
- 6) Estimating the impact of pandemic on demand for agency/department's services.
- 7) Assessing novel influenza exposure risk for agency/department positions and evaluation of personal protective equipment needs.
- 8) Maintaining agency/department telework policy and implementation procedures, including identification of technology and data needs (See Attachment II.A.b).
- 9) Updating agency personnel policies and guidance, based on guidance from MSDH, regarding mitigation of spread of infectious disease in agency workplaces, including use of hygiene protocols, social distancing, alternate work sites and scheduling, and telework as preventative measures (see attachment II.A.b for applicable statewide policies).
- 10) Consulting with the State Health Officer/designee and the State Personnel Board to provide information to employees and supervisors regarding prevention and Pandemic Influenza COOP, including telework and human resources policies. (See Attachment II.A.b).
- 11) Determining the need for and potential contractor and other alternative staffing solutions to supplement key staff positions in Pandemic Influenza. HR/personnel offices establish contingency contracts as needed to provide the ability for the agency/department to continue essential government functions and services.

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- 12) Reviewing relationships with suppliers, shippers and other businesses that support essential functions and establish plans and MOUs to support operations during a pandemic.
- 13) Developing pandemic specific compensation leave/benefit policies or adjustments to current agency policies (See Attachment II.A.b).

C. Mississippi Department of Finance and Administration

- 1) Determine need for revised or alternate policies for social distancing and disinfection and security protocols for the Capitol Complex in a pandemic event.
- 2) Work with each department/agency, HR office/staff, health insurance providers and healthcare facilities to evaluate state employee access to healthcare services during a Pandemic Influenza.
- 3) Examine potential state budget implications and recommend options, if needed, regarding potentially increased demand for remaining leave payouts for deceased state employees as a result of pandemic.
- 4) Evaluate need and recommend options for providing the state borrowing authority in the event of a pandemic that severely impacts state revenues.

D. Mississippi Department of Information Technology Services

- 1) Provide guidance and support to agencies and departments regarding technology needs and information technology and data policies for telework.
- 2) Provide guidance and support regarding data and technology security measures for telework.

E. Mississippi Department of Mental Health

Work with other state agencies to evaluate state employee access to mental health and social services and develop workforce resilience programs.

F. Mississippi Department of Public Safety - Office of Homeland Security

Assist in state COG planning and maintain the state critical infrastructure plan (See also Section II.V regarding critical infrastructure and key resources).

G. Mississippi State Personnel Board

- 1) Review and update personnel and human resources policies to provide flexibility and guidance for employees who may need to be away from their state agency/department job site for an extended period because of illness and/or to care for dependents who are ill or whose school or childcare is closed because of Pandemic Influenza. For a list of state personnel and human resources policies that can serve as tools in assisting employees impacted by a pandemic, see Attachment II.A.b. Coordinate with Public Employees Retirement System and Workers' Compensation as appropriate.
- 2) Disseminate guidance on employee safety and health provided by MSDH to agencies/departments and directly to state employees. Health and safety guidelines address personal preventative hygiene and disease prevention in the workplace.
- 3) Identify strategies or mechanisms to coordinate redeployment or reassignment of available state employees across agencies to provide staffing to perform essential functions.
- 4) Work with MSDH to provide training materials and/or training opportunities for supervisors regarding state policies and guidance on disease prevention, social distancing, telework, various leave options and other human resources policies.

H. Mississippi State Department of Health

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- 1) Work with all state agencies to communicate guidance and policies to agencies/departments and directly to state employees on employee safety and health. Health and safety guidelines address personal preventative hygiene and disease prevention in the workplace.
- 2) Disseminate guidance for workplace-specific use of personal protective equipment for infectious disease/influenza.
- 3) Oversee planning to address potential unintended consequences of non-pharmaceutical interventions, including:
 - a. Economic impact to families related to work absenteeism and interruption.
 - b. Potential disruption to all employers, including businesses and governmental agencies.
 - c. Decreased access to essential goods and services.
 - d. Disruption of educational and other school-related activities.
 - e. Provide information regarding disease prevention, pandemic continuity of operations considerations, and return-to-work protocols to agencies and departments.
 - f. Coordinate and plan with other state agencies regarding stockpiles of supplies, protective equipment, and antiviral agents.
 - g. Maintain the Mississippi Volunteer in Preparedness Registry (VIPR) through which individuals can volunteer to assist with MSDH activities in an emergency situation.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Coordinate implementation of the State Comprehensive Emergency Management Plan (CEMP) as needed to leverage state and other resources for response to pandemic event.
- 2) If requested by Office of the Governor, compile information on the impact of a pandemic on state and local workforce and on essential functions and services of state and local governments.
- 3) Coordinate with the Office of the Governor to implement emergency authorities as needed to provide for continuity of state government operations.

B. Each State agency is responsible for:

- 1) Monitoring and reporting employee status, if requested by the Office of the Governor or by MSDH/State Health Officer.
- 2) Communicating with employees regarding agency/department operations status and alternative work arrangements.
- 3) Implementing infection control and social distancing procedures based on guidance from MSDH, the Centers for Disease Control and Prevention (CDC), and/or the Occupational Safety and Health Administration (OSHA).
- 4) Implementing employee protection procedures including use of equipment if applicable.
- 5) Implementing telework plans and procedures.
- 6) Implementing alternative staffing arrangements (including use of contractors) as needed.
- 7) Maintaining ongoing communication with employees, contractors, and clients, via web pages, e-mail, central phone messaging, voicemail and other remote methodologies throughout a pandemic event to enhance employee health and safety and to support continuity of essential functions.
- 8) Regularly updating employees on pandemic status, preventive measures, operating status of agencies, and implementation of continuity provisions for pandemic.

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- 9) Monitoring effectiveness and consistency of application of human resources policy flexibilities (See Attachment II.A.b).
- 10) Coordinating with suppliers, shippers and other businesses to ensure ongoing support of essential functions.
- 11) Implementing pandemic specific compensation leave/benefit policies or adjustments to current agency policies (See Attachment II.A.b).

C. Mississippi Department of Finance and Administration

- 1) Implement policies for social distancing and disinfection and security protocols for the Capitol Complex in a Pandemic Influenza.
- 2) Work with the Mississippi Treasury Department and MS Dept. of Revenue to evaluate impacts of Pandemic Influenza on State revenues and expenditures and notify the Office of the Governor of cash flow or other problem areas.
- 3) Maintain essential accounts payable activities.

D. Mississippi Department of Information Technology Systems

- 1) Provide support to agencies and departments regarding technology and data access issues for telework and continuity of operations.
- 2) Maintain information technology systems to perform at increased capacity as needed for telework and remote operations.

E. Mississippi Department of Public Safety - Office of Homeland Security

Assist with implementation of continuity of government procedures, as needed.

F. Mississippi State Department of Health

- 1) Implement State Pandemic Communication Plan (Section II.O).
- 2) Provide guidance to state employees and agencies regarding care, maintenance and monitoring of persons, self- or professionally designated to isolation or quarantine, and safe home management of ill persons, with inclusion of information for persons who live alone and may be unable to care for themselves if ill.
- 3) Work with all state agencies to implement health and safety guidelines addressing personal preventative hygiene and disease prevention in the workplace.
- 4) Disseminate guidance for workplace-specific use of personal protective equipment for infectious disease/influenza.
- 5) Provide guidance to agencies on implementation of non-pharmaceutical interventions and vaccination programs.
- 6) Disseminate information regarding return-to-work protocols to agencies and departments.
- 7) Coordinate with state agencies regarding use of supplies, protective equipment and antiviral agents.

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G. Mississippi State Personnel Board

- 1) Communicate with the Office of the Governor regarding impacts of the Pandemic Influenza on state personnel and the need for regulation or policy modification to provide workforce for continuation of essential functions.
- 2) Implement strategies or mechanisms to coordinate redeployment or reassignment of available state employees across agencies to provide staffing to perform essential functions in a pandemic event.
- 3) Monitor the effectiveness and consistency of HR flexibilities by all state agencies.
- 4) Communicate with state agencies on state policies regarding HR policies, workplace flexibilities and pay and benefits.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- A. Coordinate recovery and after action review activities in cooperation with ESF 8 and MSDH.
- B. Gather information from all state agencies/departments on Pandemic Influenza impact on state workers and on state operations.

B. All State Agencies and Departments

- 1) Provide ongoing and current information to employees regarding agency/department operating status and return to work policies and procedures, including those for protecting employee safety.
- 2) Communicate with employees, contractors and suppliers, as well as the public, regarding resumption of normal agency/department hours and operations.
- 3) Conduct an evaluation of the performance of and accounting for the location and status of technologies, equipment and data used to implement alternate work sites and telework.
- 4) Review PI impact on the agency/department, and identify necessary revisions to policies, procedures and technology to improve continuity of state operations and safety of employees in future events.

C. Mississippi Department of Finance and Administration

- 1) Request contingency arrangements for payment of deceased state employees' leave payouts, as necessary.
- 2) Work with Treasury and Mississippi Department of Revenue to evaluate the impact of the Pandemic Influenza on the state budget, and notify the Office of the Governor of problem areas.

D. Mississippi State Department of Health

Provide information to state agencies and departments regarding the Pandemic Influenza status, disinfection procedures and continuing workplace safety measures.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
 - 1) Attachment II.A.a: Agency Essential Functions Documentation
 - 2) Attachment II.A.b: Human Resources Policies Relevant in a Pandemic
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 5, Emergency Management, Annex
 - b) ESF 8, Health and Medical Services, Annex
 - c) ESF 14, Long-term Recovery and Mitigation, Annex
 - d) ESF 15, External Affairs, Annex
 - 2) State Personal and Professional Services Contract Procedures Memorandum
 - 3) State Personnel Board Policies and Procedures Manual
 - 4) State and School Employees' Health Insurance Plan
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi State Department of Health
 - a) Policy on Use of N95 and Surgical Masks
 - b) Communications Plan
 - c) Special Needs Plan
- D. Mississippi law (statutory and regulatory references)
 - None submitted
- E. Memoranda of understanding and agreements
 - Statewide Pandemic Human Resource Questions and Answers Update
- F. Federal and external laws, plans, guidance and reports
 - 1) Classifying Employee Exposure to Pandemic Influenza at Work, Occupational Safety and Health Administration
 - 2) Pandemic Influenza Continuity of Operations Annex Template Instructions, Federal Emergency Management Agency
 - 3) 29 U.S.C. §§ 2601-2654, Family and Medical Leave Act (FMLA)

Section II.B

Ensure Public Health Continuity of Operations (COOP) during each Phase of a Pandemic

Coordinating Emergency Support Function

ESF 8 – Public Health and Medical Services

Primary Agency

Mississippi State Department of Health (MSDH)

Supporting Agencies and Organizations

Mississippi Board of Animal Health
Mississippi Department of Information Technology Services
Mississippi Department of Mental Health
Mississippi Emergency Management Agency
Mississippi Veterinary Research and Diagnostic Laboratory
Mississippi Clinical Laboratories
Mississippi Hospitals

The State of Mississippi performs numerous services and functions on which the residents of the state depend on a regular and in some cases daily basis. Some of the most critical functions in a pandemic will be the responsibility of the Mississippi State Department of Health. MSDH and its subunits and partners have identified essential public health services and functions and established plans and strategies to continue them in the case of a pandemic. These plans are based on the potential 40 percent absentee rate noted in planning assumptions for this annex and also used in departmental COOP plans.

The State of Mississippi adopts the approach that expertise, time and effort focused on prevention and preparedness will pay dividends when response and recovery are needed. The following sections outline prevention and preparedness, response and recovery activities needed to continue public health operations in a pandemic.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health (MSDH)

- 1) The Mississippi Department of Health (MSDH) maintains a Continuity of Operations Plan (COOP) Basic Plan that addresses continuity of operations for the agency and 20 subunits (e.g., offices, divisions, laboratories) and multiple district and county health department offices throughout the state. In addition, key offices maintain separate COOP plans specifically identifying and describing essential functions and succession and delegation of authority for their activities (see Section 4 below). The Basic Plan follows established COOP planning guidance and establishes a structure for determining recovery time objectives (RTO) for essential functions.

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- 2) MSDH maintains an ongoing process for maintenance of the COOP Basic Plan and division and office COOP plans, including a staff person responsible for COOP planning and annual review and update of COOP plans and essential functions information.
- 3) Each department/office within MSDH is responsible for and has documented in COOP plans and/or essential functions worksheets:
 - a. Identification of essential functions for department/office operations during a pandemic or other emergency.
 - b. Recovery time objectives (RTO) for essential functions.
 - c. Identification of two- to three-deep succession/backups for positions performing essential functions (see Attachment D in department/agency COOP plans).
 - d. Identification of alternate operating locations and capabilities to address impacts of limited access to facilities and implementation of social distancing policies.
 - e. Identification of functions that can be performed remotely through telework.
 - f. Identification of increased personnel and resource needs for a pandemic.
- 4) MSDH divisions are responsible for planning for continuity of the following functional capabilities. All divisions are responsible for providing for continuity of personnel:
 - a. *Office of Environmental Health*
 - i. Food safety
 - ii. Potable water/wastewater and solid waste disposal
 - b. *Health Informatics*
 - i. Public health information
 - ii. Health surveillance
 - c. *Office of Communications*
 - i. Public health information
 - d. *Office of Emergency Preparedness and Response (OEPR)*
 - i. Assessment of health and medical needs
 - ii. Health/medical equipment and supplies
 - iii. Regulation of and guidance to healthcare facilities regarding planning, in-hospital care, medical personnel safety and patient evacuation
 - iv. Worker health and safety
 - v. Liaison with MEMA and other agencies and lead in pandemic response and recovery via ESF 8
 - vi. Incident command
 - e. *Office of the State Epidemiologist*
 - i. Health surveillance
 - ii. Vector control
 - f. *Public Health Districts (9)*
 - i. Assessment of health and medical needs
 - ii. Health surveillance
 - iii. Medical and support personnel
 - g. *Public Health Laboratory*
 - i. Food safety

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- ii. Health surveillance
 - iii. Potable water
 - iv. Radiological/chemical/biological response and safety
 - h. Public Health Pharmacy*
 - i. Food/drug and medical device safety
 - i. Radiological Health*
 - i. Radiological response and safety
- 5) MSDH leadership is responsible for overseeing and maintaining a cross-training program for personnel identified as backup for essential functions.
 - 6) Each office or division within MSDH identifies personnel needs for essential functions and pursues standby contracts or other arrangements to supplement staffing for key positions. Information is maintained in Attachments A, B, C, and D to departmental/office COOP plans.
 - 7) Each office or division within MSDH identifies resource and supply needs for essential functions and works with vendors/suppliers to provide continuity or contingency arrangements. External contact information is maintained in Attachments B and D to departmental/office COOP plans.
 - 8) Establish triggers or parameters for implementation of continuity measures, including recommendations to other agencies and partners.
 - 9) Incorporate Volunteers in Preparedness Registry (VIPR) as a potential source of supplemental volunteer workforce for public health activities.
 - 10) The MSDH training coordinator coordinates regular cross-training activities and annual continuity of operations exercises and maintains the Multi-Year Training and Exercise Plan.

B. Mississippi Board of Animal Health

- 1) Identify essential functions and succession for key positions to maintain capabilities and functions that will be needed in a pandemic.
- 2) Identify two- or three-deep succession/backups for positions performing essential functions.
- 3) Identify alternate operating locations and capabilities to address impacts of limited access to facilities and implementation of social distancing policies.
- 4) Identify functions that can be performed remotely through telework.
- 5) Identify potential increased personnel and resource needs for a pandemic and pursue standby contracts or other arrangements to supplement staffing for key positions.
- 6) Regularly train, exercise and update the MS Board of Animal Health COOP plan.

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C. Mississippi Department of Information Technology Services (ITS)

- 1) Provide guidance and support to MSDH and ESF 8 regarding technology needs and information technology and data access, including evaluation of capacity needs to ensure continuity in event of a pandemic.
- 2) Identify potential increased personnel, resource and capacity needs for a pandemic, and pursue standby contracts or other arrangements to supplement staffing and technology needs.
- 3) Maintain and regularly update the ITS COOP plan, including succession and cross-training for key positions.

D. Mississippi Department of Mental Health

- 1) Identify essential functions and succession for key positions to maintain capabilities and functions that will be needed in a pandemic.
- 2) Identify two- or three-deep succession/backups for positions performing mental health essential functions.
- 3) Identify alternate operating locations and capabilities to address impacts of limited access to facilities and implementation of social distancing policies.
- 4) Identify functions that can be performed remotely through telework.
- 5) Identify potential increased personnel and resource needs for a pandemic and pursue standby contracts or other arrangements to supplement staffing for key positions.
- 6) Regularly train, exercise and update the MS Department of Mental Health COOP plan.

E. Mississippi Emergency Management Agency (MEMA)

- 1) Provide guidance and support regarding COOP planning to MSDH, MS Department of Mental Health, MS Board of Animal Health and MS Department Information Technology Services (ITS) and Local governments.
- 2) Support MSDH in providing training and expertise to public health staff and other medical personnel regarding emergency response operations, continuity of operations and use of the Incident Command System (ICS).
- 3) Identify essential MEMA functions and succession for key positions in its COOP plan.
- 4) Regularly train, exercise and update the MEMA COOP plan.

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F. Mississippi Veterinary Research and Diagnostic Laboratory

- 1) Plan and prepare to continue essential functions including capabilities to provide laboratory testing for potential pandemic influenza viruses and other diseases in animal populations.
- 2) Regularly train, exercise and update laboratory COOP plan(s).

G. Mississippi Clinical Laboratories

- 1) Plan and prepare to continue essential functions including capabilities to collect and submit clinical specimens for testing to MS Public Health Laboratory.
- 2) Regularly train, exercise and update laboratory COOP plan(s).

H. Mississippi hospitals

- 1) Plan and prepare to continue essential functions including capabilities to assist in influenza-like illness surveillance activities and to provide clinical care to pandemic influenza patients.
- 2) Regularly train, exercise and update hospital COOP plan(s).

2. Pandemic Response Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Implement social distancing and employee protection/safety measures, including alternative work location, mode and scheduling, as appropriate.
- 2) Implement continuity procedures, as needed, based on pandemic phase, pandemic severity index and established triggers. Emergency activation levels are established, along with communications activities for each, in Attachment F to the MSDH COOP Basic Plan. A COOP Implementation Checklist is found in Attachment H to the MSDH COOP Basic Plan.
- 3) MSDH offices and divisions implement continuity procedures, including supplemental staffing arrangements, as needed, based on pandemic phase and pandemic severity index and applicable COOP plan(s).
- 4) Division and bureau directors monitor status of personnel and contractors, including numbers for: ill, away from work and recovered/available for reentry to work, and report to the OEPR as requested.
- 5) Implement applicable components of MSDH First Responder Protection Plan.
- 6) Communicate with the public and partners about the availability of public health services and any alternate locations, times or modes of operation.

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- 7) Provide updates to ESF 8 and/or the State Emergency Operations Center (SEOC) on pandemic impacts on state public health capabilities and capacity, including status of staff.
- 8) Appoint an MSDH Reconstitution Manager who will oversee and coordinate MSDH planning toward resumption of normal operations.

B. Mississippi Board of Animal Health

- 1) Implement social distancing and employee protection/safety measures as recommended by MSDH and CDC, including alternative work location, mode and scheduling, as appropriate.
- 2) Implement continuity procedures, as needed, based on guidance from MSDH and CDC and in accordance with departmental COOP.
- 3) Provide for continued disease surveillance and protection capabilities among responders to animal disease.
- 4) Maintain vector control capabilities.

C. Mississippi Department of Information Technology Services

- 1) Implement social distancing and employee protection/safety measures as recommended by MSDH and CDC, including alternative work location, mode and scheduling, as appropriate.
- 2) Work with MSDH to provide support and continuing functionality of information technology systems, including access to vital electronic records and databases.
- 3) Communicate with MSDH regarding COOP implementation and adjustments to capacity and data availability.
- 4) Implement supplemental or contingency capacity arrangements, as needed, to ensure continuing capacity for increased electronic processing in a pandemic.

D. Mississippi Department of Mental Health

- 1) Implement social distancing and employee protection/safety measures as recommended by MSDH and CDC, including alternative work location, mode and scheduling, as appropriate.
- 2) Implement Department of Mental Health continuity procedures, as needed, based on guidance from MSDH and CDC and in accordance with departmental COOP.
- 3) Provide updates to ESF 8 and/or the State Emergency Operations Center (SEOC) on pandemic impacts on state mental health capabilities, capacity and needs.
- 4) Work with MSDH to provide information to the public about mental health services and stress associated with pandemic event.
- 5) Work with MSDH and MEMA to make counseling or other appropriate services available to public health and other staff engaged in long-term or ongoing response activities.

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E. Mississippi Emergency Management Agency (MEMA)

- 1) Implement social distancing and employee protection/safety measures as recommended by MSDH and CDC, including alternative work location, mode and scheduling, as appropriate.
- 2) Support continuity and coordination needs of MSDH, other agencies and supporting partners, including providing support for Incident Command System (ICS) and activation of State Emergency Operations Center (EOC), if warranted.
- 3) Support and help coordinate activities of ESF 8 and ESF 15 in response to pandemic.

F. Mississippi Veterinary Research and Diagnostic Laboratory

- 1) Implement social distancing and employee protection/safety measures as recommended by MSDH and CDC, including alternative work location, mode and scheduling, as appropriate.
- 2) Implement continuity procedures, as needed, to continue essential functions including capabilities to provide laboratory testing for potential pandemic influenza viruses and other diseases in animal populations.

G. Mississippi Clinical Laboratories

- 1) Implement social distancing and employee protection/safety measures as recommended by MSDH and CDC, including alternative work location, mode and scheduling, as appropriate.
- 2) Implement continuity procedures to continue essential functions including capabilities to collect and submit clinical specimens for testing to MS Public Health Laboratory.
- 3) Monitor status of laboratory personnel and contractors, including numbers for: ill, away from work and recovered/available for reentry to work, and report to the OEPR as requested.

H. Mississippi Hospitals

- 1) Implement social distancing and employee protection/safety measures as recommended by MSDH and CDC, including alternative work location, mode and scheduling, as appropriate.
- 2) Implement continuity procedures to continue essential functions including capabilities to assist in influenza-like illness surveillance activities and to provide clinical care to pandemic influenza patients.
- 3) Monitor status of hospital personnel and contractors, including numbers for: ill, away from work and recovered/available for reentry to work, and report to the OEPR as requested.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Review and record impacts of pandemic on public health workforce and capabilities to revise plans and procedures and to prepare for subsequent pandemic waves and futures.
- 2) The MSDH Reconstitution Manager oversees and coordinates implementation of activities to move toward normal operations. The MSDH COOP Basic Plan establishes responsibilities of the Reconstitution Manager and identifies lead departments for various aspects of reconstitution. Reconstitution activities include:
 - a. Informing all personnel that the actual emergency, or threat of emergency, no longer exists and instructing personnel on how to resume normal operations.
 - b. Supervising either an orderly return to the normal operating facility or a move to another temporary facility or to a new permanent operating facility.
 - c. Verifying that all systems, communications and other required capabilities are available and operational and that MSDH is fully capable of accomplishing all essential functions and operations at the new or restored facility.
 - d. Conducting an after action review of the effectiveness of the COOP Plan, identifying areas of improvement, documenting them in an MSDH corrective action plan (CAP) and developing a remedial action plan as soon as possible after reconstitution.
 - e. Identifying which (if any) records were affected by the incident and working with Health Informatics, the Department of Information Technology Services and the State Department of Archives and History to ensure an effective transition or recovery of vital records and databases and other records that had not been designated as vital records.

B. Mississippi Board of Animal Health

Conduct after action review of the effectiveness of the Board of Animal Health COOP Plan, identifying areas of improvement, documenting them in a corrective action plan (CAP) and developing a remedial action plan as soon as possible after the event.

C. Mississippi Department of Mental Health

Conduct after action review of the effectiveness of the Department of Mental Health COOP Plan, identifying areas of improvement, documenting them in a corrective action plan (CAP) and developing a remedial action plan as soon as possible after the event.

D. Mississippi Emergency Management Agency (MEMA)

Assist ESF 8 and state agencies in preparing a pandemic after-action report to capture improvements needed to operational response and continuity of operations plans.

E. Mississippi Department of Information Technology Services

Work with ESF 8 to identify and recover vital records and databases to return to normal operations and normal operating locations and protocols.

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- F. Mississippi Veterinary Research and Diagnostic Laboratory
Conduct after action review of the effectiveness of the laboratory COOP plan, identifying areas of improvement, documenting them in a corrective action plan (CAP) and developing a remedial action plan as soon as possible after the event.
- G. Mississippi Clinical Laboratories
Conduct after action review of the effectiveness of the laboratory COOP plan, identifying areas of improvement, documenting them in a corrective action plan (CAP) and developing a remedial action plan as soon as possible after the event.
- H. Mississippi Hospitals
Conduct after action review of the effectiveness of the facility COOP plan, identifying areas of improvement, documenting them in a corrective action plan (CAP) and developing a remedial action plan as soon as possible after the event.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
None submitted
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi Board of Animal Health National Veterinary Stockpile Plan (Draft)
 - 2) Mississippi Department of Agriculture and Commerce Continuity of Operations Plan
 - 3) Mississippi Board of Animal Health Continuity of Operations Plan
 - 4) Mississippi Department of Mental Health Continuity of Operations Plan
 - 5) Mississippi Department of Information Technology Services Continuity of Operations Plan
 - 6) Mississippi State Department of Health (MSDH)
 - a) Continuity of Operations Basic Plan, 2008
 - b) District I through IX Continuity of Operations plans
 - c) Division of Radiological Health Continuity of Operations Plan, 2008
 - d) First Responder Protection Plan, Annex 10.0, 2008
 - e) Health Informatics Continuity of Operations Plan, 2008
 - f) Human Resources Continuity of Operations, 2008
 - g) Incident Command Staffing Chart
 - h) Multi-Year Training and Exercise Plan
 - i) Office of Communications Continuity of Operations Plan, 2008
 - j) Office of Emergency Planning and Response Continuity of Operations Plan, 2008
 - k) Office of Environmental Health Continuity of Operations Plan, 2008
 - l) Office of the State Epidemiologist Continuity of Operations Plan, 2008
 - m) Office of the State Health Officer Continuity of Operations Plan, 2008
 - n) Policy on Use of N95 and Surgical Masks
 - o) Public Health Laboratory Continuity of Operations Plan, 2008

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- p) Public Health Pharmacy Continuity of Operations Plan, 2008
 - q) Risk Communications Plan
 - r) Special Needs Plan
- D. Mississippi law (statutory and regulatory references)
Mississippi State Department of Health Regulations, Title 15, Part III, Health Facilities Licensure and Certification, Chapter 41, section 143, Emergency Operations Plan
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
None submitted

Section II.C

Ensure Continuity of Food Supply System

Coordinating Emergency Support Function

ESF 11 – Animals, Agriculture and Natural Resources

Primary Agencies

Mississippi Board of Animal Health
Mississippi Department of Agriculture and Commerce

Supporting Agencies and Organizations

Mississippi Department of Finance and Administration
Mississippi Department of Marine Resources
Mississippi Department of Transportation
Mississippi Department of Wildlife, Fisheries and Parks
Mississippi Emergency Management Agency
Mississippi State Department of Health

This section provides guidance on ensuring the continuity of food supply systems. The provision of safe food to the population of Mississippi is a key part of the critical infrastructure/key resource (CIKR) sectors, and it must be maintained. Many of the usual venues for obtaining food, such as school lunch programs, farmers' markets and grocery stores, may be closed or have very restricted access during periods in which strict community protection measures (e.g., social distancing, sheltering-in-place directives) must be observed. Those who work in the food industry - from the farmers who grow the food through the staff at production facilities to the transport and delivery sectors - will be as susceptible to pandemic influenza as the population in general. Consistent with all other assumptions in this Annex, an absentee rate of up to 40% of workers in the food production and delivery industry may be expected during the peak periods of the pandemic.⁷ Pandemic planning for maintenance of the food industry will benefit Mississippi greatly in reducing the potential negative public health affects of the event and the predictable cascading affects associated with the loss of necessary human sustenance and life support requirements.

The Coordinating Agencies for Food Safety are identified as the Mississippi Board of Animal Health and the Mississippi Department of Agriculture and Commerce. However, the responsibility for food safety is spread throughout many agencies. These agencies will facilitate the coordination of food safety activities during an emergency but agencies will retain control of their individual areas of responsibility.

Nutrition programs administered by the Mississippi Department of Education are discussed in Section II.J of this Annex.

⁷ It should be noted that a Special Presidential Advisory Panel announced in September 2009, that absentee rates might be as high as 50-60%.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Board of Animal Health

- 1) Provide liaison to the Mississippi Department of Agriculture and Commerce (MDAC) representative to the State Pandemic Preparedness Planning Coordinator to ensure that state animal health issues are addressed.
- 2) Maintain the primary responsibility for animal protection and care.
- 3) Maintain surveillance of state livestock to ensure monitoring for zoonotic outbreaks of novel influenza.
- 4) Ensure compliance with MDAC-established procedures for reporting on the operating status of state-inspected slaughterhouse and meat processing establishments.
- 5) Provide input to MDAC on the communications plan as it pertains to state animal health related issues.

B. Mississippi Department of Agriculture and Commerce

- 1) Designate a MDAC representative to the State Pandemic Preparedness Planning Coordinator to oversee food safety.
- 2) Develop priorities for food safety as it relates to the pandemic preparedness initiatives.
- 3) Provide backup/supporting personnel to the State Pandemic Preparedness Planning Coordinator to ensure that preparedness planning on food safety is addressed in pandemic incident response plans.
- 4) Inspect food under MDAC purview and assess potential threats to food supplies.
- 5) Establish procedures for reporting the operating status of state-inspected slaughterhouse and meat processing establishments.
- 6) Support the development of a communications plan regarding food safety.
- 7) Maintain liaison and cooperate with state emergency management agencies and the organizations of other states, the federal government and the private and CIKR sectors in implementing programs related to food safety.
- 8) Coordinate required local jurisdiction exercise activities that simulate emergency response and management operations related to food safety.
- 9) Within MDAC, establish and maintain a system for the management and coordination of emergency response employing the Incident Command System (ICS) as described in the National Incident Management System (NIMS).

C. Mississippi Department of Finance and Administration

Assist agencies to identify ways to maximize their available financial resources to achieve their stated mission in a pandemic.

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- D. Mississippi Department of Marine Resources
Maintain liaison with MDAC on all matters related to state fisheries, shellfish and other marine products as it relates to food safety.
- E. Mississippi Department of Transportation
Maintain the state highway system to assure its operability to support state agricultural trans-shipments and food safety related transportation.
- F. Mississippi Department of Wildlife, Fisheries and Parks
Maintain liaison with MDAC on all matters related to state game and wildlife and the use of these products as they relate to alternate food sources and their associated food safety issues.
- G. Mississippi Emergency Management Agency
 - 1) Maintain a Watch Center position for a Food Safety Liaison Officer on the MEMA State Emergency Operations Center (SEOC) staff.
 - 2) Provide reports regarding food safety and animal health in daily reports provided to senior state government agencies and federal organizations overseeing pandemic preparedness efforts and facilitate the sharing of appropriate information with local governments through local Emergency Operations Centers (EOC).
- H. Mississippi State Department of Health
 - 1) Identify Food Safety Coordinator to serve on State Pandemic Preparedness Planning Committee to ensure compliance with federal statutes administered by USDA.
 - 2) Assist in creation of food safety partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
 - 3) Implement food safety related issues into the over-arching MSDH risk communications plan.
 - 4) Develop plans to activate the hotline and web site to respond to pandemic inquiries, and assure that other supplemental risk communication systems are in place to address need for public information on food safety consistent with Section II.O of this annex.
 - 5) Provide training opportunities on food safety for state and local emergency managers, public officials, members of volunteer relief organizations and professionals in related fields.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi Board of Animal Health
 - 1) Maintain liaison with the MDAC representative to the State Pandemic Preparedness Planning Coordinator to ensure that state animal health issues are addressed.
 - 2) Maintain the primary responsibility for animal protection and care.
 - 3) Maintain surveillance of state livestock to ensure monitoring for emerging zoonotic outbreaks of novel influenza.
 - 4) Ensure compliance with MDAC-established procedures for reporting on the operating status of state-inspected slaughterhouse and meat processing establishments.
 - 5) Provide ongoing input to MDAC on the communications plan as it relates to state animal health related issues.

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- B. Mississippi Department of Agriculture and Commerce
- 1) Deploy MDAC representative to the State Pandemic Preparedness Planning Coordinator staff to oversee food safety.
 - 2) Implement procedures for reporting operating status of food safety programs as it relates to the pandemic response.
 - 3) Provide support personnel to State Pandemic Preparedness Response Coordinator to ensure that matters of food safety are addressed in pandemic incident response plans.
 - 4) Inspect food under MDAC purview, and assess emerging dangers to food supplies.
 - 5) Implement procedures for reporting the operating status of state-inspected slaughterhouse and meat processing establishments.
 - 6) Support the implementation of a communications plan on food safety through the Joint Information Center (if activated).
 - 7) Maintain liaison with and cooperate with state emergency management agencies and the organizations of other states, the federal government and the private and CIKR sectors in implementing programs related to food safety.
 - 8) Within MDAC, maintain a system for the management and coordination of emergency response employing the Incident Command System (ICS) as described in the National Incident Management System (NIMS).
- C. Mississippi Department of Finance and Administration
Assist agencies in order to maximize their available resources to achieve their response objectives.
- D. Mississippi Department of Marine Resources
Maintain liaison with MDAC on all matters related to state fisheries, shellfish and other marine products as they relate to food safety.
- E. Mississippi Department of Transportation
Designate liaison to MDAC to ensure that transportation resources can be coordinated to support state agricultural trans-shipments and food safety related requirements.
- F. Mississippi Department of Wildlife, Fisheries and Parks
Maintain liaison with MDAC on all matters related to state game and wildlife and the use of these products as they relate to alternate food sources and their associated food safety issues.
- G. Mississippi Emergency Management Agency
- 1) Ensure that a Food Safety Liaison Officer is appointed by appropriately assigned agencies and reports to the MEMA State Emergency Operations Center (SEOC) during response operations.
 - 2) Provide reports regarding food safety and animal health in daily reports provided to senior state government agencies and federal organizations overseeing Pandemic response efforts and facilitate the sharing of appropriate information with local governments through local EOCs.
- H. Mississippi State Department of Health
- 1) Ensure that a Food Safety Coordinator is maintained as “essential staff” on the State Pandemic Response Committee.

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- 2) Ensure that food safety emergency response coordinators are positioned in each district, with the direct responsibility of maintaining liaison with the community and helping integrate food safety related public health into local emergency response efforts.
- 3) Coordinate the release of any and all pandemic influenza food safety related information to the public.
- 4) Assist in maintaining food safety partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
- 5) Implement food safety related issues into the risk communications plan being executed and link public information functions with federal and local counterparts in the preparedness mode.
- 6) Activate the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information on food safety.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi Department of Agriculture and Commerce

- 1) Assign MDAC representative to State Pandemic Preparedness Planning Coordinator staff to assess adequacy of the food safety program in the final stages of the pandemic.
- 2) Continue procedures for reporting operating status of food safety programs as it relates to the pandemic response.
- 3) Provide support personnel to the State Pandemic Preparedness Response Coordinator to ensure the adequacy of food safety addressed in pandemic incident response plans.
- 4) Continue to inspect and certify quality of food, and assess emerging threats to food supplies.
- 5) Continue to manage and protect the public health and safety and emergency food supplies from insect, vector and vermin contamination. Provide suggestions for ongoing and/or improved protective measures during the final response phase into the recovery period.
- 6) Support resource management of the state food supply.
- 7) Share with the Board of Animal Health the primary responsibility for animal protection and care.
- 8) Assess procedures for reporting the operating status of state-inspected slaughterhouse and processing establishments on the final stages of the pandemic.
- 9) Continue oversight of the communications plan on food safety in the final stages of the pandemic.
- 10) Maintain liaison with and cooperate with state emergency management agencies and the organizations of other states, the federal government and the private and CIKR sectors in implementing programs related to food safety.
- 11) Within MDAC, continue to maintain a system for the management and coordination of emergency response employing the Incident Command System (ICS) as described in the National Incident Management System (NIMS).

B. Mississippi Board of Animal Health

- 1) Continue to maintain surveillance of state livestock and poultry to ensure monitoring for emerging zoonotic s of novel influenza during the final stages of the pandemic and into the recovery period.

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- 2) Maintain compliance with MDAC-established procedures for reporting on the operating status of state-inspected slaughterhouse and meat processing establishments.
 - 3) Continue to provide ongoing input to MDAC on the communications plan as it relates to state animal health related issues.
- C. Mississippi Department of Finance and Administration
Assist agencies in order to maximize their available financial resources throughout recovery operations.
- D. Mississippi Department of Marine Resources
Maintain liaison with MDAC on all matters related to state fisheries, shellfish and other marine products as it relates to food safety in final response and recovery periods.
- E. Mississippi Department of Transportation
Maintain MDOT Liaison to MDAC to ensure that transportation resources can be coordinated to support state agricultural trans-shipments and food safety related requirements.
- F. Mississippi Department of Wildlife, Fisheries and Parks
Maintain liaison with MDAC on all matters related to state game and wildlife and the use of these products as they relate to alternate food sources and their associated food safety issues in final response and recovery periods.
- G. Mississippi Emergency Management Agency
Continue to include food safety and animal health on daily reporting sent to senior state government agencies and federal organizations overseeing final pandemic response and recovery efforts and facilitate the sharing of appropriate information with local governments through local EOCs.
- H. Mississippi State Department of Health
- 1) Continue to ensure that a Food Safety Coordinator is maintained as “essential staff” on the State Pandemic Response and Recovery Committee.
 - 2) Ensure that food safety emergency response coordinators remain positioned in each district with direct responsibility for maintaining liaison with the community and helping integrate food safety related public health into local emergency response and recovery efforts.
 - 3) Continue to coordinate the release of any and all Pandemic Influenza food safety related information to the public.
 - 4) Assist in the maintaining of food safety partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response and recovery workers.
 - 5) Implement food safety related issues into the risk communications plan being executed and link public information functions with federal and local counterparts in the recovery mode.
 - 6) Continue to maintain the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information on continued food safety.

4.Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 11, Animals, Agriculture and Natural Resources, Annex
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi State Department of Health
 - a) MSDH, Continuity of Operations (COOP) Basic Plan, 2008
 - b) MSDH Office of Environmental Health Continuity of Operations Plan, 2008
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and external laws, plans, guidance and reports
 - 1) Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)
 - 2) Mississippi County Comprehensive Emergency Management Plans, Support and Incident Annexes (available from individual counties)

Section II.D

Ensure Ability to Respond to Agricultural Emergencies and Maintain Food Safety Net Programs

Coordinating Emergency Support Function

ESF 11 – Animals, Agriculture and Natural Resources

Primary Agencies

Mississippi Board of Animal Health

Mississippi Department of Agriculture and Commerce

Supporting Agencies and Organizations

Mississippi Department of Finance and Administration

Mississippi Department of Marine Resources

Mississippi Department of Transportation

Mississippi Department of Wildlife, Fisheries and Parks

Mississippi Emergency Management Agency

Mississippi State Department of Health

The Coordinating Agencies for agricultural emergencies and maintaining food safety nets are identified as the Mississippi Board of Animal Health and the Mississippi Department of Agriculture and Commerce. The responsibility for these functional areas is spread throughout many agencies. These agencies will facilitate the coordination of activities during an emergency but agencies will retain control for their individual areas of responsibility.

Nutrition programs administered by the Mississippi Department of Education are discussed in Section II.J of this Annex.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Board of Animal Health

- 1) Provide a representative to the State Pandemic Preparedness Planning Coordinator to ensure that state animal health issues are addressed.
- 2) Maintain surveillance of state livestock and poultry to ensure monitoring for zoonotic outbreaks of novel influenza.
- 3) Provide input the communications plan as it pertains to state animal health related issues.
- 4) Maintain liaison and cooperate with state emergency management agencies and the organizations of other states, the federal government and the private and CIKR sectors in implementing programs related to food production animals.
- 5) Oversee required local jurisdiction exercise activities that simulate emergency response and management operations as it relates to food production animals.

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- 6) Within MBAH, establish and maintain a system for the management and coordination of emergency response employing the Incident Command System (ICS) as described in the National Incident Management System.
- 7) Develop and maintain a Continuity of Operations Plan (COOP) to ensure that vital animal and public health protection activities are continued in the event of a Pandemic.

B. Mississippi Department of Agriculture and Commerce

- 1) Designate an MDAC representative to the State Pandemic Preparedness Planning Coordinator to oversee planning for critical agricultural and nutritional programs during a pandemic.
- 2) Develop priorities for compliance with federal nutritional assistance programs and agricultural emergency response support as it relates to the pandemic preparedness initiatives.
- 3) Provide back-up personnel to the State Pandemic Preparedness Planning Coordinator to ensure preparedness planning on state-administered nutritional assistance and agricultural emergency response support responsibilities are addressed in Pandemic incident response plans. In addition, personnel must address animal disease scenarios in a National Response Framework (NRF) emergency.
- 4) Establish procedures for reporting the operating status of state-inspected slaughterhouse and meat processing establishments.
- 5) Support the development of a risk communications plan for food safety.
- 6) Ensure that state planning efforts address communication plans to provide essential agricultural and nutritional assistance information to all state stakeholders during a Pandemic.
- 7) Maintain liaison with and cooperate with state emergency management agencies and the organizations of other states, the federal government and the private and CIKR sectors in implementing programs related to food safety.
- 8) Oversee required local jurisdiction exercise activities that simulate emergency response and management operations as it relates to food safety.
- 9) Within MDAC, establish and maintain a system for the management and coordination of emergency response employing the Incident Command System (ICS) as described in the National Incident Management System (NIMS).

C. Mississippi Department of Finance and Administration

Assist agencies to identify ways to maximize their available financial resources to achieve their stated mission in a pandemic.

D. Mississippi Department of Marine Resources

Maintain liaison with MDAC on all matters related to state fisheries, shellfish and other marine products as it relates to aquaculture and marine food safety.

E. Mississippi Department of Transportation

Maintain the state highway system to assure its operability to support state agricultural trans-shipments and food safety related transportation.

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F. Mississippi Department of Wildlife, Fisheries and Parks

Maintain liaison with MDAC on all matters related to state game and wildlife and the use of these products as they relate to alternate food sources and their associated agricultural and nutritional issues.

G. Mississippi Emergency Management Agency

- 1) Maintain a Watch Center position for an Agricultural Emergency and Nutritional Compliance Officer on MEMA State Emergency Operations Center (SEOC) staff.
- 2) Include agricultural safety and nutritional compliance on daily reporting sent to senior state government agencies and federal organizations overseeing pandemic preparedness efforts and facilitate the sharing of appropriate information with local governments through local EOCs.

H. Mississippi State Department of Health

- 1) State Pandemic Preparedness Planning Coordinator designates agricultural emergency and nutritional compliance program as essential to ensure compliance with federal statutes administered by USDA.
- 2) Designate Agricultural Emergency and Nutritional Compliance Officer as "Essential Staff" on State Pandemic Preparedness Planning Committee.
- 3) Ensure that surveillance of state livestock monitoring for zoonotic outbreaks of novel influenza is an essential part of the overall state surveillance and epidemiological monitoring program.
- 4) Position and/or make available food safety emergency response coordinators in each district, with the direct responsibility of strengthening ties with the community and helping integrate agriculture and nutrition related public health into local emergency response efforts.
- 5) Coordinate the release of any and all pandemic influenza agricultural and nutritional safety related information to the public.
- 6) Assist in the building of agricultural and nutritional partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
- 7) Implement agricultural and nutritional safety related issues into the over-arching risk communications plan and link public information functions with federal and local counterparts in preparedness mode.
- 8) Develop a plan to activate the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information on agriculture and nutrition.
- 9) Provide an extensive array of training opportunities on food safety for state and local emergency managers, public officials, members of volunteer relief organizations and professionals in related fields.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Board of Animal Health

- 1) Provide a representative to the State Pandemic Response Coordinator to ensure that state animal health issues are addressed.
- 2) Maintain surveillance of state livestock and poultry to ensure monitoring for emerging zoonotic outbreaks of novel influenza.

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- 3) Provide ongoing input on the communications plan as it pertains to state animal health related issues.
- 4) Within MBAH, utilize NIMS for coordination of emergency response.
- 5) Activate the COOP to ensure that vital animal and public health protection activities are continued.

B. Mississippi Department of Agriculture and Commerce

- 1) Deploy an MDAC representative to the State Pandemic Preparedness Planning Coordinator staff to oversee critical agricultural and nutritional programs during a pandemic response.
- 2) Implement procedures for reporting operating status of agricultural and nutritional safety programs under MDAC purview as it relates to the Pandemic response.
- 3) Provide support personnel to the State Pandemic Preparedness Response Coordinator to ensure that matters of agricultural and nutritional emergency response support are addressed in Pandemic incident response plans.
- 4) Inspect and certify quality of agricultural products; assess emerging dangers to food supplies and risks to nutritional programs.
- 5) Establish procedures for reporting the operating status of state-inspected slaughterhouse and meat processing establishments.
- 6) Support the implementation of a communications plan on agricultural and nutritional safety through the Joint Information Center (if activated).
- 7) Maintain liaison with and cooperate with state emergency management agencies and the organizations of other states, the federal government and the private and CIKR sectors in implementing programs related to food safety.
- 8) Within MDAC, maintain a system for the management and coordination of emergency response employing the Incident Command System (ICS) as described in the National Incident Management System (NIMS).

C. Mississippi Department of Finance and Administration

Assist agencies in order to maximize their available resources in order to achieve their response objectives.

D. Mississippi Department of Marine Resources

Maintain liaison with MDAC on all matters related to state fisheries, shellfish and other marine products as it relates to food safety.

E. Mississippi Department of Transportation

Designate liaison to MDAC to ensure transportation resources can be coordinated to support state agricultural trans-shipments and food safety related requirements.

F. Mississippi Department of Wildlife, Fisheries and Parks

Maintain liaison with MDAC on all matters related to state game and wildlife and the use of these products as they relate to alternate food sources and their associated food safety issues.

G. Mississippi Emergency Management Agency

- 1) Ensure that an Agricultural Emergency and Nutritional Compliance Officer is assigned by the appropriate agency to the MEMA State Emergency Operations Center (SEOC) during response operations.

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- 2) Include food safety and animal health on daily reporting sent to senior state government agencies and federal organizations overseeing Pandemic response efforts and facilitate the sharing of appropriate information with local governments through local EOCs.

H. Mississippi State Department of Health

- 1) State Pandemic Preparedness Response Coordinator designates agricultural emergency and nutritional compliance program as essential to ensure compliance with federal statutes administered by USDA.
- 2) Designate an Agricultural Emergency and Nutritional Compliance Officer as "Essential Staff" on State Pandemic Response Committee.
- 3) Ensure that surveillance of state livestock monitoring for emerging zoonotic outbreaks of novel influenza remains an essential part of the overall state surveillance and epidemiological monitoring program.
- 4) Ensure that food safety emergency response coordinators are positioned in each district, with the direct responsibility of maintaining liaison with the community and helping integrate food safety related public health into local emergency response efforts.
- 5) Coordinate the release of any and all pandemic influenza agricultural and nutritional safety related information to the public.
- 6) Assist in the maintaining of food safety partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
- 7) Implement agricultural and nutritional safety related issues into the risk communications plan being executed and link public information functions with federal and local counterparts in preparedness mode.
- 8) Develop a plan to activate the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information on food safety.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi Board of Animal Health

- 1) Continue to maintain surveillance of state livestock and poultry to ensure monitoring for emerging zoonotic outbreaks of novel influenza during the final stages of the pandemic and into the recovery period.
- 2) Continue to provide ongoing input on the communications plan as it pertains to state animal health related issues.

B. Mississippi Department of Agriculture and Commerce

- 1) Assign an MDAC representative to State Pandemic Preparedness Planning Coordinator staff to assess adequacy of the agricultural emergency and nutritional safety program in the final stages of the pandemic.
- 2) Continue procedures for reporting operating status of agricultural emergency and nutritional safety programs as they relate to the pandemic response.
- 3) Provide supporting personnel to State Pandemic Preparedness Response Coordinator to ensure that the adequacy of agricultural emergency and nutritional safety programs were addressed in pandemic incident response plans.
- 4) Support resource management of the state food supply.
- 5) Continue oversight of the communications plan on agricultural emergency and nutritional safety programs in the final stages of the pandemic.

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- 6) Maintain liaison and cooperate with state emergency management agencies and the organizations of other states, the federal government and the private and CIKR sectors in implementing programs related to agricultural emergencies and nutritional safety.
 - 7) Within MDAC, continue to maintain a system for the management and coordination of emergency response employing the Incident Command System (ICS) as described in the National Incident Management System (NIMS).
- C. Mississippi Department of Finance and Administration
Assist agencies to maximize their available resources to support recovery operations.
- D. Mississippi Department of Marine Resources
Maintain liaison with MDAC on all matters related to state fisheries, shellfish and other marine products as it relates to food safety in final response and recovery periods.
- E. Mississippi Department of Transportation
Maintain MDOT Liaison to MDAC to ensure transportation resources can be coordinated to support state agricultural trans-shipments and food safety related requirements.
- F. Mississippi Department of Wildlife, Fisheries and Parks
Maintain liaison with MDAC on all matters related to state game and wildlife and the use of these products as they relate to alternate food sources and their associated food safety issues in final response and recovery periods.
- G. Mississippi Emergency Management Agency
Continue to include agricultural safety and nutritional compliance on daily reporting sent to senior state government agencies and federal organizations overseeing final Pandemic response and recovery efforts and facilitate the sharing of appropriate information with local governments through local EOCs.
- H. Mississippi State Department of Health
- 1) Continue to ensure that an Agricultural Emergency and Nutritional Safety Coordinator is maintained as "Essential Staff" on the State Pandemic Response and Recovery Committee.
 - 2) Ensure that surveillance of state livestock monitoring for emerging zoonotic outbreaks of novel influenza remains an essential part of the overall state surveillance and epidemiological monitoring program.
 - 3) Ensure that food safety emergency response coordinators remain positioned in each district, with the direct responsibility of maintaining liaison with the community and helping integrate food safety related public health into local emergency response and recovery efforts.
 - 4) Continue to coordinate the release of any and all pandemic influenza agricultural emergency and nutritional safety related information to the public.
 - 5) Assist in maintaining food safety partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response and recovery workers.

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- 6) Implement agricultural emergency and nutritional safety program related issues into the risk communications plan being executed, and link public information functions with federal and local counterparts in the response and recovery modes.
- 7) Maintain the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information on continued food safety.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan, (CEMP)
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi State Department of Health
Office of Environmental Health Continuity of Operations Plan, 2008
 - 2) Mississippi Department of Agriculture and Commerce Continuity of Operations Plan
 - 3) Mississippi Board of Animal Health Continuity of Operations Plan
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and external laws, plans, guidance and reports
Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)

Section II.E

Ensure Integration of Uniformed Military Services Needs and Assets

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agencies

Mississippi Emergency Management Agency

Supporting Agencies and Organizations

Mississippi Military Department

Mississippi State Department of Health

The Department of Health and Human Services has published pandemic influenza (PI) clinical guidelines, as well as advice from subject matter experts throughout the Department of Defense and other federal agencies. Target audiences include clinicians, laboratory workers and other healthcare personnel; medical planners; public health emergency officers (PHEOs); as well as commanders and senior leaders.

These clinical guidelines use the pandemic influenza staging construct established in the “National Strategy for Pandemic Influenza – Implementation Plan” (May 2006). Other phasing constructs may be used for planning purposes (e.g., Joint Planning and Execution System, World Health Organization), but these were synchronized with the Federal Government Response Stages described in the National Strategy for Pandemic Influenza – Implementation Plan. These guidelines are posted on the DOD Pandemic Influenza Watchboard, which is indexed at http://fhp.osd.mil/aiWatchboard/preparedness_and_communication.jsp#dodpolicies.

The National Guard Bureau’s (NGB) mission is to participate with the Army and Air Force staffs in the formulation, development and coordination of all programs, policies, concepts and plans for the National Guard. The NGB has visibility of all National Guard assets and advises the states on force availability to support all requirements. The NGB serves as a coordinator between the Secretaries of the Army and Air Force and state National Guard assets. This is achieved through coordination with state governors and adjutant generals. The NGB also monitors and assists the states in the organization, maintenance and operation of their National Guard units.

The Mississippi Military Department must be prepared to rapidly evaluate and effectively manage patients with suspected or confirmed pandemic influenza throughout the entire range of military operations and healthcare settings. In addition to providing healthcare, efforts must limit the spread of disease among Service members, their families, local communities and the workplace. Assets that are organic to the Mississippi Military Department are contained in Attachment A. Additionally, the Mississippi Military Department has published their OPLAN 09-003 (Pandemic Influenza) which is in consonance with USNORTHCOM’s Regional Pandemic Influenza CONPLAN 3591.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) The Director of MEMA is responsible to the Governor for carrying out the program for emergency management.
- 2) Coordinate the activities of all organizations for emergency management.
- 3) Maintain liaison and cooperate with emergency management agencies and organizations of other states and the federal government.
- 4) Ensure that the Mississippi National Guard leadership is briefed on Pandemic Influenza to facilitate joint understanding of roles, missions and responsibilities.
- 5) Meet with The Adjutant General (TAG) on a regular basis to coordinate Pandemic Influenza planning efforts.
- 6) Conduct viable training and exercises programs that incorporate all of the key state agencies.
- 7) Ensure that the state's CEMP incorporates the National Guard's domestic capabilities.
- 8) Be completely aware of the domestic response capabilities of the National Guard and their assets available for use during a Pandemic Influenza.
- 9) Direct that local emergency managers in jurisdictions adjacent to federal military installations contact and coordinate activities with base/post installation officials to identify areas for mutual support.
- 10) Direct that MSDH include the National Guard requirements for antiviral and vaccines in the state's vaccine distribution plan.
- 11) Ensure that the National Guard has developed and published a Pandemic Influenza plan that has been synchronized to, and supports, the state's Pandemic Influenza Plan.
- 12) Ensure that the National Guard is an active participant in developing the state's Pandemic Influenza Plan.

B. Mississippi Military Department

- 1) The Adjutant General (TAG) will meet regularly with key state leaders to participate in Pandemic Influenza planning efforts that include identifying critical issues, shortfalls and planning gaps.
- 2) Be prepared to provide technical assistance to MEMA in developing an actionable response plan.
- 3) Brief key state public health and emergency planning officials on the National Guard's domestic support capabilities for Pandemic Influenza.
- 4) Ensure that state Pandemic Influenza planning and public health officials have been briefed on the capabilities of the National Guard of the surrounding states.
- 5) Develop and publish a Pandemic Influenza plan that has been synchronized to, and supports, the overarching state response plan.
- 6) Ensure that state emergency planning agencies/departments are included on the distribution list for any and all updates to Pandemic Influenza plan.
- 7) Ensure that Pandemic Influenza plan includes continuous coordination and communication between state emergency planners and the Pandemic Influenza coordinators assigned to the five Pandemic Influenza Principal Federal Official regions from U.S. Northern Command.

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C. Mississippi State Department of Health

- 1) Meet with The Adjutant General (TAG) on a regular basis to coordinate PI planning efforts.
- 2) Ensure that the Office of Emergency Preparedness and Response continues to maintain liaison and provide advice to local health departments in jurisdictions adjacent to Federal Military Installations (Harrison, Jackson, Lauderdale, and Lowndes counties; i.e. Districts 4, 6, and 9) to contact and coordinate all activities related to PI with the installation Public Health Emergency Officer (PHEO).
- 3) Ensure that the National Guard's antiviral and vaccines requirements are included in the state's vaccine distribution plan.
- 4) Ensure that the National Guard PPE and other requirements are included in the state's plan.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Maintain continuous and close coordination between the National Guard, state emergency planners, public health officials and local Emergency Operations Centers (EOC) during a Pandemic Influenza.
- 2) Coordinate with Emergency Management Agency directors from surrounding states to consider the practicality of a regional response plan for sharing low density or unique response assets.
- 3) Ensure continuous and close coordination between the National Guard, MEMA and Public Health Officials during a Pandemic Influenza.
- 4) Coordinate with the Office of the Governor to issue an Executive Order directing the National Guard's assistance if required.

B. Mississippi Military Department

- 1) Provide defense support to civil authorities including personnel, equipment and sheltering resources for official personnel.
- 2) Provide facility and staff security for Receiving, Storage and Staging (RSS) site(s).
- 3) Provide facility and staff security for mass vaccination sites.
- 4) Transport civilian medical personnel to RSS and mass vaccination sites.
- 5) Provide logistical support such as transportation, water purification and other as needed.
- 6) Provide personnel for ESF 15.
- 7) Staff a military JIC at the Forward EOC location.
- 8) Provide an Emergency Coordinating Officer (ECO) to MEMA's Emergency Operations Center (SEOC).
- 9) Ensure that adequate supplies of PPE are on hand for National Guard requirements.
- 10) Identify to MSDH any deficiencies of PPE requirements.
- 11) Develop news releases about Mississippi National Guard response as required from MEMA.
- 12) Develop daily talking points for the Adjutant General, National Guard Bureau, MEMA, and additional public affairs officers in the forward Area of Operations (AO).
- 13) Provide daily media escorts.

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C. Mississippi State Department of Health

- 1) Unless the National Guard is federalized, provide the antiviral medications and vaccines that meet the National Guard requirements.
- 2) Coordinate with the Mississippi Military Department and Active Federal Military Installations to ensure that all DOD beneficiaries who receive medical care from the civilian sector are accounted for in determining medical countermeasure requirements, e.g., PPE, anti-viral drugs and vaccines.
- 3) Provide the National Guard's PPE requirements that are not provided by the Mississippi Military Department.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Reconstitute MEMA supplies expended, and assist other agencies and local governments in reconstitution of their supplies expended during the PI, and prepare for another wave.
- 2) Consolidate and prepare the lessons learned and after action report.
- 3) Coordinate through the MS Pandemic Influenza Preparedness and Response Steering Committee to re-evaluate the state's Pandemic Influenza Plan, and improve where necessary based on the results of the lessons learned and after-action report.
- 4) Coordinate with the Office of the Governor to direct the Mississippi National Guard (MSNG) return to normal operations once the pandemic is over or PI is no longer considered a threat within the state of Mississippi.

B. Mississippi Military Department

- 1) Provide defense support to civil authorities including personnel, equipment and sheltering resources for official personnel.
- 2) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.
- 3) Upon mission completion, units will redeploy with no loss or damage of equipment and no serious injury to National Guard or civilian personnel.
- 4) Reconstitute supplies expended during the PI, and prepare for another wave.
- 5) Provide lessons learned input to MEMA.

C. Mississippi State Department of Health

- 1) Provide lessons learned input to MEMA.
- 2) Reconstitute supplies expended during the PI, and prepare for another wave.

4. Supporting Capabilities, Programs and Policies

A. Attachments

- 1) Attachment II.E.a: Available Mississippi Assets
- 2) Attachment II.E.b: OPLAN 09-003 (Pandemic Influenza)

B. State plans and procedures (statewide, multi-agency)

- 1) Mississippi Comprehensive Emergency Management Plan (CEMP)

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- C. Agency/department materials (agency or department-specific)
 - 1) Joint Force Headquarters, Mississippi Military Department OPLAN 09-003 (Pandemic Influenza), 2009
 - 2) Mississippi Department of Transportation Comprehensive Emergency Transportation Response Plan (CETRP), Annex P, Emergency Assistance Directory
- D. Mississippi law (statutory and regulatory references)
 - 1) §33-15-1, et seq., Mississippi Code of 1972, Emergency Management Law
 - 2) §33-15-7 (d), Mississippi Code of 1972
 - 3) §45-18-3, Mississippi Code of 1972, Emergency Management Assistance Compact
- E. Memoranda of understanding and agreements
 - None submitted
- F. Federal and external laws, plans, guidance and reports
 - 1) GAO report to the Committee on Homeland Security and Governmental Affairs, U.S. Senate, Emergency Management Assistance Compact, 2007
 - 2) National Guard Bureau CONPLAN, Response to Pandemic Influenza, 2008 (FOUO)
 - 3) U.S. Northern Command (USNORTHCOM) Pandemic Influenza CONPLAN 2591 (Draft), 2006 (FOUO with two Secret annexes)
 - 4) U.S. Northern Command Regional Pandemic Influenza CONPLAN 3591 (Draft)

Section II.F

Sustain Transportation Systems

Coordinating Emergency Support Function

ESF 1 - Transportation

Primary Agencies

Mississippi Department of Transportation

Supporting Agencies and Organizations

Mississippi Department of Education

Mississippi Department of Human Services

Mississippi Department of Public Safety

Mississippi Emergency Management Agency

Mississippi Military Department

Mississippi State Department of Health

If local government transportation capabilities or resources become overwhelmed and are unable to meet the needs of disaster response or recovery, ESF 1 will be activated to provide support to those jurisdictions affected. This support will be provided in accordance with the State Comprehensive Emergency Transportation Response Plan and the National Response Framework (NRF). Essential transportation functions for the State of Mississippi are defined and prioritized in Attachment C.

This section provides guidance on maintaining both inter- and intrastate transportation systems. Transportation of goods, people and services is critical in pandemic planning and response. This appendix has operating sub-objectives and activities involving both elements; these are located in Attachment B.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Department of Transportation (MDOT)

- 1) Responsible and lead agency for transportation emergency support function (ESF-1).
- 2) MDOT's primary mission is to maintain the state transportation infrastructure and essential transportation functions.
- 3) Responsible for providing a safe intermodal transportation network that is planned, designed, constructed and maintained in an effective, cost efficient and environmentally sensitive manner.
- 4) Coordinate plans and actions with the Mississippi Emergency Management Agency (MEMA) and agencies having similar tasks and responsibilities.
- 5) Follow the same directives and guidelines as used in other disaster situations.
- 6) Responsible for training and the conduct of exercises for ESF 1 personnel.

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- 7) Cross train and have a plan of succession management contained in their Continuity of Operations Plan (COOP) as there is no way to know which employees in which fields will be stricken during a Pandemic Influenza event.
- B. Mississippi Department of Education
- 1) Maintain a plan, in coordination with the Mississippi State Department of Health (MSDH), for Pandemic Influenza mitigation actions within college systems throughout the state.
 - 2) Maintain a continuity of operations plan that addresses meeting education needs in the event of academic campus closure.
 - 3) Maintain a plan, in coordination with MSDH, for mitigation actions within elementary and secondary education systems throughout the state.
 - 4) Maintain a continuity of operations plan that addresses meeting school bus transportation and education needs during Pandemic Influenza.
- C. Mississippi Department of Human Services
Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.
- D. Mississippi Emergency Management Agency
- 1) Serve as the lead agency for ESF-15, External Affairs.
 - 2) Make protective action and safety recommendations.
 - 3) Provide for the development and maintenance of a comprehensive training and exercise program.
- E. Mississippi Military Department
Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.
- F. Mississippi State Department of Health
- 1) Conduct impact assessments related to PI.
 - 2) Serve as the lead state agency for technical information and guidance during preparedness and planning.
 - 3) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.

2. PANDEMIC RESPONSE TASKS AND RESPONSIBILITIES

- A. Mississippi Department of Transportation
- 1) Responsible for transportation emergency support function (ESF-1).
 - 2) Execute the Comprehensive Emergency Transportation Response Plan (CETRP).
 - 3) Find potentially available routes or alternatives for evacuation or for the movement of emergency vehicles and resources.
 - 4) Close state-maintained roadways (via the authority vested to the MDOT Director by State Statute (65-1-71, Detours). However, MDOT will not detour traffic onto a non-state maintained roadway without an agreement with the jurisdiction responsible for that city/county roadway.
 - 5) Designate available routes or alternatives for evacuation or for the movement of emergency vehicles and resources.
 - 6) Maintain the routes essential for the delivery of goods, services and people in

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- support of a Pandemic Influenza response.
- 7) Communicate with the Federal Operations Centers in accordance with the National Response Framework (NRF) on matters pertaining to transportation-specific information.
 - 8) Maintain and report as requested status of roads, highways, interstates, rail and air facilities.
 - 9) Provide for traffic routing and control as needed.
 - 10) Deliver access control equipment including traffic cones, drums, signs and barricades as required.
 - 11) Coordinate heavy equipment for debris removal and clearance.
 - 12) Provide personnel to assess damage to buildings and infrastructure.
 - 13) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.
 - 14) Clean and disinfect MDOT vehicle assets.
 - 15) Through the Outreach Division of MDOT and in conjunction with MEMA, provide dissemination of emergency information to the public.
 - 16) Assist MEMA in planning the delivery of personnel and goods to Pandemic Influenza affected areas when requested; incorporate the request of appropriate law enforcement agencies, National Guard, Homeland Security and/or neighboring jurisdictions and key stakeholders regarding transportation restrictions.
- B. Mississippi Board of Trustees of State Institution of Higher Learning
Coordinate with MSDH for closure of academic campuses, if required.
- C. Mississippi Department of Education
Coordinate with MSDH for closure of schools, if required.
- D. Mississippi Department of Human Services
 - 1) Coordinate efforts to provide basic human needs following Pandemic Influenza.
 - 2) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.
- E. Mississippi Department of Public Safety
 - 1) Utilize the authority under Police Powers to close a state-maintained roadway as necessary in order to protect the traveling public.
 - 2) Notify MDOT when a state-maintained roadway is closed for an extended period of time requiring a detour of traffic.
 - 3) Law enforcement in local jurisdictions and municipalities have the authority to close roadways within their jurisdictions' boundaries.
 - 4) Notify MDOT when a state-maintained roadway is to be closed for an extended period of time resulting in a detour of traffic or use of alternate routes.
- F. Mississippi Emergency Management Agency
 - 1) Serve as the lead agency for ESF 15: External Affairs.
 - 2) Coordinate state and local assets to assist state and local officials in operations required for Pandemic Influenza response.
 - 3) Provide for overall coordination of state and federal emergency response activities.
 - 4) Supply protective action and safety recommendations.
 - 5) Activate the State Emergency Operations Center (SEOC).
 - 6) Coordinate the allocation and use of resources
 - 7) Request federal assistance, if needed.

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8) Monitor and evaluate the entire incident.

G. Mississippi Military Department

- 1) Provide defense support to civil authorities including personnel, equipment and sheltering resources for official personnel.
- 2) Provide facility and staff security for Receiving, Storage and Staging (RSS) site(s).
- 3) Provide facility and staff security for mass vaccination sites.
- 4) Transport civilian medical personnel to RSS and mass vaccination sites.
- 5) Provide logistical support such as transportation, water purification and other as needed.

H. Mississippi State Department of Health

- 1) Conduct impact assessments for a Pandemic Influenza.
- 2) Serve as the lead state agency for technical information and guidance during the response.
- 3) Manage information needed to support Pandemic Influenza operations that includes incident management plan and development of response and recovery strategies.
- 4) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi Department of Transportation

- 1) Provide status of roads, highways, interstates, rail and air facilities.
- 2) Provide for traffic routing and control as needed.
- 3) Maintain the routes essential for the delivery of goods, services and people in support of Pandemic Influenza recovery.
- 4) Reconstitute supplies expended during the Pandemic Influenza, and prepare for another wave.
- 5) Provide lessons learned input to MEMA.

B. Mississippi Department of Human Services

- 1) Coordinate efforts to provide basic human needs.
- 2) Provide lessons learned input to MEMA.

C. Mississippi Emergency Management Agency

- 1) The lead agency for coordination of state agencies and departments for Pandemic Influenza lessons learned and after action reports.
- 2) Make protective action and safety recommendations.
- 3) Assist in the reconstitution of supplies expended during the Pandemic Influenza, and prepare for another wave.

D. Mississippi Military Department

- 1) Provide defense support to civil authorities including personnel, equipment and sheltering resources for official personnel.
- 2) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.
- 3) Reconstitute supplies expended during the Pandemic Influenza and prepare for another wave.

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- E. Mississippi State Department of Health
 - 1) Provide lessons learned input to MEMA.
 - 2) Serve as the lead state agency for technical information and guidance during recovery.
 - 3) Reconstitute supplies expended during the Pandemic Influenza, and prepare for another wave.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
 - 1) Attachment II.F.a: Essential Transportation Functions
 - 2) Attachment II.F.b: Operating Sub-Objectives
 - 3) Attachment II.F.c: Freight Document
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - 2) Mississippi Radiological Emergency Preparedness Plan (REPP)
 - a) 10.1 Annex E: Protective Actions
 - b) Annex F: Evacuation
 - c) Annex G: Radiological Exposure Control
 - 3) Mississippi State Mutual Aid Compact (SMAC)
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi Department of Transportation Continuity of Government (COG)/COOP Plan (Draft)
 - 2) Mississippi Department of Transportation CETRP
 - a) Annex P, Emergency Assistance Directory
- D. Mississippi law (statutory and regulatory references)
 - 1) §33-15-1, et seq., Mississippi Code of 1972, Emergency Management Law
 - 2) §45-18-3, Mississippi Code of 1972, Emergency Management Assistance Compact
- E. Memoranda of understanding and agreements
 - None submitted
- F. Federal and external laws, plans, guidance and reports
 - None submitted

Section II.G

Public Health Epidemiological and Laboratory Surveillance

Coordinating Emergency Support Function

ESF 8- Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

- Department of Epidemiology/State Epidemiologist
- Mississippi Public Health Laboratory
- Office of Emergency Preparedness and Response

Supporting Agencies and Organizations

Mississippi Association of Independent Schools

Mississippi Board of Animal Health

Mississippi Board of Trustees of State Institutions of Higher Learning

Mississippi Clinical Laboratories

Mississippi Department of Education

Mississippi State Health - Department of Health Information Technology

Mississippi Hospitals

Mississippi State Board for Community and Junior Colleges

Mississippi Veterinary Research and Diagnostic Laboratory

The purpose of this section is: to describe preparedness efforts and response actions in providing state assistance and coordinating local resources in epidemiologic and laboratory surveillance relative to a novel strain of influenza, to set forth implementation steps for augmentation of epidemiologic and laboratory surveillance, to provide influenza specimen collection guidance and to explain influenza testing algorithms.

Specimens collected from patients displaying clinical symptoms of influenza-like illness (ILI) or any specimens that test positive for influenza A or B by influenza rapid test kits (suspected influenza specimens) are submitted to the Mississippi Public Health Laboratory (MPHL). Laboratory capabilities will be adapted to the specific pandemic influenza scenario. Based on current capacity, the specimens are tested for the presence of influenza A or B strains, and all influenza A strains are sub-typed as H1, H1N1, H3, H5, or H7. The MPHL maintains sufficient redundancy and cross-training to support this function.

The Mississippi State Department of Health (MSDH) coordinates its pandemic surveillance activities through the use of sentinel physician sites. These sites are composed of adult and pediatric clinics, emergency rooms and college campus based clinics and freestanding after hour clinics. Sentinel physician sites are selected across the state at a minimum proportion of one per 250,000 persons. The need for additional sites is constantly being evaluated; as of October 2010, there are 41 sites.

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Multiple communication methods, including telephone, facsimile, and e-mail, will be used to obtain information for analysis and dissemination back to the submitters. Augmenting these mechanisms, the Health Alert Network (HAN) and the MSDH website will be used to make this information widely available to all personnel with decision-making responsibilities in the pandemic influenza response. In addition, the website, HAN, telephone, e-mail, blast fax, and media releases would be used to communicate real-time information to all levels of MSDH leadership down to the county level, to the Office of Vital Statistics, to county medical examiners/coroners, to hospitals with assistance from the Mississippi Hospital Association, and to state-level leadership including the Mississippi Emergency Management Agency, the Mississippi Office of Homeland Security, and the Office of the Governor. Specific communication guidance is further outlined in Section II.O of this annex.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

1) *Department of Epidemiology/State Epidemiologist will:*

- a. The State Epidemiologist will be in charge of the epidemiology functions in this annex and will either function as or designate an Influenza Surveillance Coordinator to oversee the surveillance function.
- b. Human surveillance of influenza activity is conducted weekly by sentinel providers and communicated to MSDH as delineated in Sections II.O of this annex. Overall activity data is submitted weekly to the CDC Influenza Branch.
- c. Conduct pandemic influenza impact assessments.
- d. Use data to describe and monitor influenza activity in Mississippi.
- e. Set epidemiological priorities and assist in the planning, implementation and evaluation of efforts.
- f. Manage information needed to support pandemic operations.

2) *Public Health Laboratory will:*

- a. Perform all necessary influenza virus isolation and identification.
- b. Conduct antiviral resistance surveillance twice monthly by submitting up to five Influenza specimens to the Centers for Disease Control and Prevention (CDC) and up to five to the Utah State Lab for resistance testing.
- c. Forward all avian influenza specimen-level data electronically via the LRN Results Messenger. The current laboratory information management system (LIMS) does not allow electronic transmittal of specimen-level data. Laboratory information will be provided to submitters by the most efficient and time-appropriate mechanism available as delineated in the "MPHL PI Response Plan". See part 4 of this subsection for further detail.
- d. Determine whether the circulating influenza A strains possess common hemagglutinin subtypes or whether the circulating strains possess novel hemagglutinin subtypes such as H1 and H3 or whether the circulating strains possess novel or avian hemagglutinin subtypes. Perform all necessary influenza culture activities.
- e. Send specimens that are unable to be sub-typed to the CDC for testing.
- f. Provide guidance on specimen submission from clinical laboratories to the Mississippi Public Health Laboratory. See "MS PHL Influenza Testing Algorithms". See part 4 of this subsection for further detail.

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- B. Mississippi Hospitals and Sentinel Providers
 - 1) Conduct epidemiologic surveillance, and coordinate mitigation of influenza disease in response to pandemic influenza.
 - 2) Communicate influenza disease data to MSDH.
 - 3) Send data from emergency rooms to MSDH via the Early Aberration Reporting System (EARS).
- C. Mississippi Board of Animal Health
 - Provide laboratory testing for potential pandemic influenza viruses in wild and domestic animal populations.
- D. Mississippi Clinical Laboratories
 - 1) Conduct laboratory surveillance in response to pandemic influenza.
 - 2) Submit clinical specimens for testing to the Mississippi Public Health Laboratory.
- E. Mississippi Schools and Institutes of Higher Learning
 - Conduct and report surveillance of influenza disease among the student population.
- F. Mississippi Veterinary Research and Diagnostic Laboratory
 - 1) Conduct surveillance and coordinate mitigation of influenza disease in animals as delineated in the “Zoonotic Influenza Surveillance and Response Protocol” in section 4 of this subsection.
 - 2) Communicate influenza disease in animals.
 - 3) Coordinate burial and disposal of animals affected by influenza.
 - 4) Participate in a United States Department of Agriculture (USDA)-approved protocol to test waterfowl for novel influenza.
 - 5) Report all positive results to the State Veterinarian, who would, in turn, report these to MSDH.
 - 6) Provide laboratory testing for potential pandemic influenza viruses in wild and domestic animal populations.

2. PANDEMIC RESPONSE TASKS AND RESPONSIBILITIES

- A. Mississippi State Department of Health
 - 1) *All Departments will:*
 - a. Update public health and healthcare providers of the region(s) where the novel influenza virus has been detected.
 - b. Review action item checklist.
 - c. Once the first case is reported in North America, enhanced influenza surveillance activities, including veterinary surveillance, will be implemented as delineated in the “Enhanced Human Surveillance Protocol” in section 4 of this subsection.
 - d. All outpatient, inpatient, laboratory, and mortality data will be collated on a daily basis by MSDH and reported to the CDC using established electronic reporting mechanisms.

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- e. Report to the CDC any influenza cases that test positive for a novel influenza subtype or meet the enhanced surveillance case definition in effect at that time and cannot be sub-typed in the State Public Health Laboratory.
 - f. Continue enhanced surveillance activities, and communicate to all partners the heightened need for timely and complete surveillance data.
 - g. Evaluate surveillance data to:
 - i. Track the virus' introduction into local areas.
 - ii. Identify populations that are most affected.
 - iii. Monitor the pandemic's impact on health.
 - iv. Describe any unusual clinical syndromes.
 - v. Assess effectiveness of vaccination or treatment.
 - vi. Forecast possible successive pandemic waves.
 - g. Monitor community impacts (e.g., absenteeism in the business and school sectors).
 - h. Provide mortality data as requested by the CDC.
 - i. Consider community containment options recommended by the CDC, and advise the Office of the Governor.
- 2) *MSDH Department of Epidemiology /State Epidemiologist will:*
- a. Once the first case is reported in North America, enhanced influenza surveillance activities, including veterinary surveillance, will be implemented as delineated in the "Enhanced Human Surveillance Protocol" in part 4 of this subsection.
 - b. Upon suspicion of a human case of infection novel human influenza strain influenza, healthcare providers will be notified of enhanced surveillance testing.
 - c. Use data to describe and monitor pandemic in Mississippi.
 - d. Set epidemiological priorities.
 - e. Assist in the planning, implementation and evaluation of response efforts.
 - f. Manage information needed to support pandemic operations.
 - g. Develop plans for surveillance at ports, airports and border jurisdictions.
 - h. Develop policies and procedures for screening and/or travel risks.
 - i. Update public health and healthcare providers on recommendations and information gleaned from CDC.
- 3) *Mississippi Public Health Lab will:*
- a. Activate the Public Health Lab specific Pandemic Influenza Plan (see part 4 of this subsection)
 - b. Activate the Laboratory Surge Capacity Plan (see part 4 of this subsection) as necessary, including appropriate Memoranda of Understanding and agreements delineated in section 4 of this annex.
 - c. Maintain capacity to perform all necessary testing for influenza virus isolation and identification as delineated in "Mississippi Public Health Laboratory Influenza Specimen Collection Guidelines" in section 4 of this subsection.
 - d. Implement expanded laboratory surveillance as delineated in the "Enhanced Human Surveillance Protocol" in section 4 of this subsection.
 - e. In conjunction with the MS Department of Health Information Technology (IT) division, ensure that all of the state hospitals, clinics, and other surveillance sites report influenza data using communication systems that are 100% compliant with Public Health Information Network (PHIN) standards. See "MS PHL Influenza Testing Algorithms", section 4 of this subsection for further detail.
 - f. Support local healthcare providers by providing:
 - i. Information on collecting appropriate influenza specimens

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- ii. Specimen submission forms that specify requisite accompanying clinical and epidemiologic data.
 - iii. Test results with guidance for interpretation.
 - iv. Guidance on the use of commercially available rapid diagnostic test for detection of influenza A.
 - v. Guidance on specimen submission to the Mississippi Public Health Laboratory. See “MS PHL Influenza Testing Algorithm” and “MPHL Influenza Specimen Collection Guidelines”, section 4 of this subsection for further detail.
- 4) *Office of Emergency Preparedness and Disaster Response will:*
Coordinate the implementation and manage the State Medical Asset Resource Tracking Tool (SMARTT) based on the guidance in Attachment A, Monitoring Community Impact of Influenza-Related Illness of part four of this subsection.
- B. Mississippi Department of Agriculture and Commerce
Advise MSDH of s of animal illness that can affect humans.
- C. Mississippi Department of Health Information Technology
Ensure that all of the state hospitals, clinics and other surveillance sites report influenza data using communication systems that are 100% compliant with Public Health Information Network (PHIN) standards.
- D. Mississippi State Veterinarian's Office
Advise MSDH of s of animal illness that can affect humans.

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi Department of Health (MSDH)
All Departments will:
- a. Scale back surveillance operations to prevention and preparedness phase.
 - b. Evaluate surveillance activities utilized; assess level of surveillance possible to maintain and address any identified deficiencies.
 - c. Provide a retrospective characterization of the pandemic.
 - d. Describe the effectiveness of recommended prevention and control measures.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
1) Attachment II.G.a Monitoring Community Impact of Influenza-Related Illness
- B. State plans and procedures (statewide, multi-agency)
1) Mississippi Comprehensive Emergency Management Plan, 2008
a) ESF 8, Public Health and Medical Services, Annex
- C. Agency/department materials (agency or department-specific)
1) Mississippi Board of Animal Health:
a) Zoonotic Influenza Surveillance and Response Protocol
b) Guidance for Protection of Poultry Responders during an of a Novel Avian Influenza Virus in Poultry

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- 2) Mississippi State Department of Health:
 - a) Concept of Operations Plan
 - b) Enhanced Human Surveillance Protocol
 - c) Seasonal Influenza Surveillance Algorithm MPHL Instructions for Influenza Sentinel Site Specimen Submittal
 - d) MPHL Influenza Testing Algorithms
 - e) Avian Influenza Interview Form
 - 3) Mississippi Public Health Laboratory:
 - a) Laboratory Surge Capacity Plan
 - b) Pandemic Influenza Response Plan
 - c) Influenza Specimen Collection Guidelines
 - d) Novel Influenza Algorithm 2009
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
- 1) Memorandum of Understanding- Laboratory Support Between the Mississippi Public Health Laboratory Mississippi State Department of Health and the Bureau of Clinical Laboratories Alabama Department of Health
 - 2) Memorandum of Understanding – Laboratory Support Between the Tennessee Public Health Laboratory Tennessee Department of Health and the Mississippi Public Health Laboratory Mississippi Department of Health
 - 3) Memorandum of Understanding- Laboratory Support between the University of Mississippi Medical Center, Jackson and the Mississippi Public Health Laboratory Mississippi Department of Health (under development)
 - 4) Memorandum of Understanding- Laboratory Support between the Baptist Memorial Hospital, Jackson and the Mississippi Public Health Laboratory Mississippi Department of Health (under development)
- F. Federal and external laws, plans, guidance and reports
None submitted

Section II.H

Assist with Controls at United States Ports of Entry

Coordinating Emergency Support Function

ESF 8 - Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Port Authority

This section is focused on the relationship between the State of Mississippi and the U.S. Centers for Disease Control and Prevention (CDC) Quarantine Station with the intent of supporting CDC response operations to a federally quarantinable disease response executed by the CDC. Information on other aspects impacting ports of entry during a pandemic (e.g., food safety, transportation) are covered in other portions of this section.

Mississippi hosts a variety of international cargo and passenger ships via the Mississippi River and via its southernmost ports along the Gulf of Mexico in addition to receiving international travelers at Jackson International Airport. The potential for transmission of a novel or pandemic influenza virus from international passengers is under the jurisdiction of the CDC, which has Quarantine Stations established throughout the country with regional responsibility to prevent the importation of disease. The CDC is authorized to isolate quarantine or conditionally release individuals who are reasonably believed to be infected with, or a source of infection, to others of certain communicable diseases including novel or pandemic influenza. To implement this authority, CDC may request the assistance of public and private healthcare facilities to provide care and treatment of individuals affected by one of these diseases. The CDC Quarantine station with jurisdiction for the state of Mississippi is based in Miami, Florida. This station can be contacted at:

Miami International Airport
Terminal Bldg., 3rd Floor
Concourse E
Miami, FL 33159
Phone: (305) 526-2910 (24 hour access)
Fax: (305) 526-2798

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Coordinate with the CDC Quarantine Station with jurisdiction for Mississippi to develop plans to support CDC efforts to prevent the importation of disease of international origins.
- 2) Identify existing plans for disease investigation and control that can be utilized to support CDC disease control efforts.
- 3) Identify existing communications plans to support CDC disease control efforts.
- 4) Coordinate with carriers and transportation organizations to ensure that the Mississippi State Department of Health is notified of potential disease threats entering the state.
- 5) Identify potential diagnostic, isolation and treatment resources to support CDC response operations, and coordinate the establishment of formal relationships such as Memoranda of Agreement.

B. Mississippi Port Authority

Coordinate planning efforts with CDC and MSDH.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Monitor CDC recommendations for management of ill passengers throughout all phases of a pandemic and communicate with transportation stakeholders.
- 2) Support CDC operations as needed to include:
 - a. Establish and staff passenger public health screening (see Section II.G).
 - b. Communicate decontamination procedures for transportation equipment (see Section II.F).
 - c. Risk communication with passengers and crew (see Section II.O).
 - d. Provide laboratory support (see Section II.G).
 - e. Follow up on suspect and isolated cases (see Section II.G).
 - f. Respond to the needs of quarantined persons (see Section II.I).
- 3) Coordinate with CDC Quarantine Station to ensure that case management information is appropriately transferred with cases moving to another jurisdiction.

B. Mississippi State Department of Health

Coordinate response efforts with CDC and MSDH.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi State Department of Public Health

Ensure all case information is appropriately archived and communicated to the CDC Quarantine Station.

B. Mississippi Port Authority

Conduct any remediation efforts based on guidance from CDC and MSDH.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
Mississippi Comprehensive Emergency Management Plan (CEMP)
- C. Agency/department materials (Agency or department-specific)
None submitted
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and external laws, plans, guidance and reports
Miami CDC Quarantine Station Communicable Disease Response Plan

Section II.I

Implement Community Mitigation Interventions

Coordinating Emergency Support Function

ESF 8 – Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Commission for Volunteer Service
Mississippi Department of Human Services
Mississippi Emergency Management Agency
Mississippi Voluntary Organizations Active in Disasters
All Agencies/Organizations

During a pandemic influenza, the availability and effectiveness of pharmaceutical interventions may be limited, requiring the implementation of non-pharmaceutical strategies designed to mitigate the impact of the pandemic by reducing the pace of the spread of infection among the population. These strategies would include standard precautions that emphasize good hand hygiene and respiratory etiquette, as well as voluntary isolation of ill persons at home. Additional measures may also include voluntary quarantine of household members of ill persons and social distancing measures throughout the community.

To support planning at the local level, the Mississippi State Department of Health (MSDH) has staff located within each of nine public health districts that collaborate with county emergency response personnel and organizations, healthcare and laboratory personnel, law enforcement personnel, faith-based organization personnel, and representatives from the Mississippi Band of Choctaw Indians. County Pandemic Influenza Preparedness and Response Plans are developed through the aid of MSDH public health planners within each of the nine public health districts.

For the purposes of planning outlined below, influenza-like illness is defined as fever (temperature of 100° or greater) and a cough and/or sore throat in the absence of a known cause other than influenza. As a pandemic unfolds, this case definition will be updated as necessary and communicated as outlined below and consistent with Section II.O of this annex.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Maintain strategies and triage guidance for healthcare facilities for identifying and managing patients presenting with influenza-like-illness (ILI).
- 2) Maintain isolation and quarantine policies and procedures in the Mississippi Isolation and Quarantine Plan.
- 3) Maintain novel and pandemic influenza case investigation forms and investigation tools.

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- 4) Maintain awareness of federal social distancing guidance during a pandemic, and integrate into planning.
 - 5) Coordinate with local health departments and healthcare institutions to ensure awareness and incorporation of the MSDH PI planning into local and institutional preparedness.
 - 6) Through MSDH staff located in the nine Mississippi Public Health Districts, continue to support local pandemic planning efforts and create community-wide healthcare coalitions in order to:
 - a. Engage at-risk individuals to ensure that critical planning gaps are identified and addressed.
 - b. Develop, implement and maintain mechanisms for continuous and close coordination between local officials and organizations that serve at-risk individuals during a pandemic influenza.
 - c. Test and improve mechanisms for educating at-risk individuals on the highlights of their local response plans with community organizations.
- B. Mississippi Commission for Volunteer Service
- 1) In coordination with MSDH, identify volunteer resources to support community mitigation activities.
 - 2) Develop/revise plans to activate volunteers to support community mitigation activities.
- C. Mississippi Department of Human Services
- Coordinate with MSDH to determine the potential impact of various community mitigation strategies on vulnerable populations, and provide recommendations to MSDH on steps to facilitate the implementation of community mitigation strategies for vulnerable populations.
- D. Mississippi Emergency Management Agency
- 1) Coordinate with MSDH to identify the requirements of the state and the political subdivisions thereof for resources of all kinds required in the event of a Pandemic Influenza, and develop/maintain plans for the procurement of such supplies.
 - 2) Establish and maintain a damage assessment, collection and reporting system.
 - 3) Engage Local Emergency Planning Committees in pandemic influenza preparedness.
- E. Mississippi Voluntary Organizations Active in Disasters
- 1) In coordination with MSDH, identify volunteer resources to support community mitigation activities.
 - 2) Develop/revise plans to activate volunteers to support community mitigation activities.
- F. All Agencies/Organizations
- 1) In coordination with MSDH, identify the impact of potential community mitigation measures on normal operations.
 - 2) Identify ways to implement community mitigation guidance at the agency/organization level (e.g., telework, staggered shifts).
 - 3) Identify services/gatherings that can be canceled in support of community mitigation strategies.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Disseminate case definition for novel influenza illness based on guidance from the CDC.
- 2) Disseminate social distancing guidance based on federal guidance.
- 3) Identify the State Health Officer or designee to serve as lead spokesperson for community mitigation interventions and communication within mechanisms outlined in Section II.O of this annex. The State Epidemiologist will serve in this role in the absence of the State Health Officer.
- 4) Communicate mitigation strategies and triage protocols to healthcare facilities for identifying and managing patients presenting with ILI based on current guidance and Sections II.O and II.M of this annex.
- 5) Communicate mitigation strategies and triage protocols to county health departments based on current guidance based on Section II.M of this annex.
- 6) Communicate community mitigation interventions to the key stakeholders including the private sector, the media and the public within the framework of Section II.O of this annex.
- 7) Communicate established protocols and algorithms to EMS and 911 services (see II.R/S for detailed set of tasks associated with this).
- 8) Determine and carry out community mitigation strategies consistent with MSDH PI planning and on the current guidance from the CDC (see part 4 of this subsection).
- 9) Determine and carry out isolation and quarantine strategies appropriate with the epidemiology and severity of the pandemic consistent with the MSDH Isolation and Quarantine Plan.
- 10) Monitor the ongoing implementation and effectiveness of community mitigation interventions.

B. Mississippi Commission for Volunteer Service

Activate/coordinate volunteers in support of community mitigation activities.

C. Mississippi Department of Human Services

Develop and implement special services for the aged and the handicapped.

D. Mississippi Emergency Management Agency

- 1) In coordination with MSDH, recommend and draft executive orders, proclamations, regulations and agreements deemed necessary or appropriate to cope with emergency management needs, including procurement of resources to respond to disasters and emergencies.
- 2) Coordinate and assist with Disaster Assistance programs to include: individual assistance, household grants programs, financial resources and Small Business Administration programs.

E. Mississippi Voluntary Organizations Active in Disasters

Activate/coordinate volunteers in support of community mitigation activities.

F. All Agencies/Organizations

- 1) Based on MSDH recommendations, implement community mitigation guidance at the agency/organization level.
- 2) Identify continuity of operations strategies based on Section II.A of this annex.

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi State Department of Health
 - 1) Continue to communicate the status of community intervention measures and illness in the community as measures are lifted.
 - 2) Evaluate the ongoing impact of and recovery from community mitigation measures.
- B. Mississippi Commission for Volunteer Service
 - Deactivate volunteers and capture lessons learned for future activations.
- C. Mississippi Department of Human Services
 - 1) Ensure that the needs of vulnerable populations continue to be met as PI related support structures are lifted.
 - 2) Evaluate the ongoing impact of and recovery from community mitigation measures.
- D. Mississippi Emergency Management Agency
 - 1) In coordination with MSDH, recommend the lifting of PI specific declarations and/or executive orders as needed.
 - 2) Evaluate the ongoing impact of and recovery from community mitigation measures.
- E. Mississippi Voluntary Organizations Active in Disasters
 - Deactivate volunteers and capture lessons learned for future activations.
- F. All Agencies/Organizations
 - As community mitigation measures are removed, transition to normal operations.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
 - None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) MS Comprehensive Emergency Management Plan (CEMP), ESF 8, 2008
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi State Department of Health
 - a) Consensus Statement on Isolation and Treatment of Ill Persons
 - b) Isolation and Quarantine Plan
 - c) Novel and Pandemic Influenza Case Investigation Form
 - d) Investigation Line List Form
 - e) Policies on Community Social Distancing
 - f) Voluntary Quarantine of Household Contacts of Ill Individuals
- D. Mississippi law (statutory and regulatory references)
 - None submitted
- E. Memoranda of understanding and agreements
 - None submitted

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- F. Federal and external laws, plans, guidance and reports
 - 1) Centers for Disease Control and Prevention Guidance on Social Distancing in a Pandemic
 - 2) U.S. Department of Health and Human Services Definition of At Risk Populations in a Pandemic

Section II.J

Enhance State Plans to Enable Community Mitigation Through Student Dismissal And School Closure

Coordinating Emergency Support Function

ESF 8 – Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Association of Independent Schools
Mississippi Board of Trustees of State Institutions of Higher Learning
Mississippi Department of Education
Mississippi Emergency Management Agency
Mississippi Office of the Attorney General
Mississippi State Board for Community and Junior Colleges

In the event of Pandemic Influenza (PI), educational institutions serve as an important factor in the transmission of the disease. Current guidance from the Centers for Disease Control and Prevention (CDC) discourages the widespread closing of schools to reduce the spread of the disease in all but the most severe Pandemic Influenza scenarios. Additionally, the targeted closure of individual schools or clusters of schools is also recommended only in situations where the population of the school is vulnerable to severe outcomes of the disease. Should schools or daycares be closed, a voluntary and collaborative approach will be pursued between health and school or daycare officials. Should a school or daycare be required to close, the authorities in part 4 of this subsection outline where the authority resides. The implementation of these authorities is case dependent, but will generally be applied through the communication structures outlined in this section as well as in Section II.O. For a prolonged closure of schools, current roles and responsibilities for educating students (at the organizational and individual level) will remain unchanged; however, the mechanism for delivery of education may be altered.

The primary operational point of contact will be the State Superintendent of Education. The alternate will be the Deputy State Superintendent of Education for Instructional Enhancement and Internal Operations. Communication with the local health departments and individual education institutions will occur within the normal communications framework between the state educational agency/organization. The spokesperson for media relations will be the Mississippi Department of Education's Communications Director. The alternate will be the Associate State Superintendent of Education for Communications and Legislative Services. The spokesperson for communicating with local education agencies (LEAs) will be the Deputy State Superintendent of Education for Instructional Enhancement and Internal Operations.

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The alternate will be the Deputy State Superintendent of Education for Educational Accountability. The local health departments will determine the public spokesperson consistent with their existing policies and procedures. The Board of Trustees of Institutions of Higher Learning and the State Board for Community and Junior Colleges will select a public information officer. Communication with daycare centers will be consistent with normal communications with the Mississippi State Department of Health through the Director of Child Care Licensure and be augmented by public information (see Section II.O). Emergency situation reports and interagency/organizational communications will occur consistent with Section II.O of this Annex.

Continuity of operations/business continuity plans for all state agencies, including state education coordinating agencies/organizations, is described in Section II.A of this document. Section II.A also includes roles and responsibilities for benefits, ongoing payment and other human resource considerations during Pandemic Influenza.

The utilization of school facilities and resources for other applications by the state during Pandemic Influenza are conducted consistent with local Memoranda of Understanding (MOU) and Memoranda of Agreement (MOA) maintained by the local Emergency Management Agency. The local boards of education retain ownership of public school facilities and resources within their jurisdictions. Additionally, a statewide MOU between the Mississippi Department of Education and Mississippi State Department of Health has been executed to facilitate the use and protection of Mississippi Department of Education assets for public health response operations.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Provide guidance on the role of schools in Pandemic Influenza mitigation based on guidance from the CDC.
- 2) Ensure that planning for school closure is scalable for a range of Pandemic Influenza scenarios.
- 3) Coordinate ongoing disease/ surveillance activities of the state, including in educational settings.
- 4) Develop strategies to monitor illness in educational settings during Pandemic Influenza.
- 5) Determine strategies for communicating school closures in regions that border other states.

B. Mississippi Association of Independent Schools

- 1) Ensure that Continuity of Operations (COOP) plans are developed and maintained.
- 2) Ensure that schools monitor illness rates in schools and report outbreaks and reportable diseases to their local health department within normal reporting guidelines.
- 3) Identify strategies for monitoring disease burden in schools during Pandemic Influenza.
- 4) Review authorities and procedures for closure of independent schools.
- 5) Review guidance from health authorities on the role of independent schools in Pandemic Influenza mitigation strategies.

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- 6) Develop alternate education delivery methods to include consideration of the use of:
 - a. Existing methods of communicating with parents to deliver lesson plans and assignments.
 - b. E-mail.
 - c. Virtual Classrooms.
 - d. Mississippi Public Broadcasting.
- C. Mississippi Board of Trustees of State Institutions of Higher Learning
- 1) Ensure that Continuity of Operations (COOP) plans are developed and maintained.
 - 2) Ensure that institutions monitor illness rates in schools and report outbreaks and reportable diseases to their local health department within normal reporting guidelines.
 - 3) Review authorities and procedures for cancellation of classes for higher learning institutions.
 - 4) Review guidance from health authorities on the role of institutions of higher education in Pandemic Influenza mitigation strategies.
- D. Mississippi Department of Education
- 1) Ensure that Continuity of Operations (COOP) plans are developed and maintained.
 - 2) Ensure that schools monitor illness rates in schools and report outbreaks and reportable diseases to their local health department within normal reporting guidelines.
 - 3) Review authorities and procedures for closure of public schools.
 - 4) Review guidance from health authorities on the role of public schools in Pandemic Influenza mitigation strategies.
 - 5) Develop alternate education delivery methods to include consideration of the use of:
 - a. Utilization of existing methods of communicating with parents to deliver lesson plans and assignments.
 - b. E-mail.
 - c. Mississippi Virtual Public School.
 - d. Mississippi Public Broadcasting.
- E. Mississippi Emergency Management Agency (MEMA)
- 1) Ensure that planning activities for Pandemic Influenza mitigation involving schools occurs appropriately within the context of the state's planning structures, including the Comprehensive Emergency Management Plan.
 - 2) Facilitate access to other planning documents and resources as needed.
- F. Mississippi Office of the Attorney General
- 1) Ensure that planning for PI mitigation involving schools is consistent with the legal framework of the State of Mississippi.
 - 2) Provide guidance on the strategy for implementation of overlapping legal authorities for PI mitigation activities that involve schools.

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- G. Mississippi State Board for Community and Junior Colleges
- 1) Ensure that Continuity of Operations (COOP) plans are developed and maintained.
 - 2) Ensure that institutions monitor illness rates in schools and report outbreaks and reportable diseases to their local health department within normal reporting guidelines.
 - 3) Review authorities and procedures for cancellation of classes for community and junior colleges.
 - 4) Review guidance from health authorities on the role of community and junior colleges in PI mitigation strategies.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi State Department of Health
- 1) Monitor the burden of PI in the school systems.
 - 2) Oversee data collection and analysis from school-based surveillance systems.
 - 3) Provide recommendations on the voluntary targeted closure and re-opening of schools to the appropriate education coordinating agencies/organizations based on:
 - a. Influenza-like-illness in the school/daycare population.
 - b. Potential for severe illness in the school/daycare (e.g., population with existing medical conditions).
 - c. Overall absenteeism of students and staff.
 - d. Pandemic severity level.
 - e. Additional factors based on current data.
 - 4) Provide guidance on widespread school closure to the Office of the Governor, MEMA and education coordinating agencies/organizations in the event of a severe pandemic.
 - 5) Ensure ongoing communication with states that border regions where schools are closed.
- B. Mississippi Association of Independent Schools
- 1) Provide ongoing communication and coordination with independent schools.
 - 2) Coordinate school closures with MSDH.
 - 3) Communicate the closure of schools within existing communication policies/procedures used for weather and other emergencies.
 - 4) Implement continuity of education strategies to ensure access to education of all students in the event of prolonged school closure.
 - 5) Provide ongoing communication on closure status and impact through existing policies/procedures for communicating with parents.
 - 6) Participate in school-based disease surveillance and reporting activities as requested by MSDH.
- C. Mississippi Board of Trustees of State Institutions of Higher Learning
- 1) Provide ongoing communication and coordination among institutions of higher learning.
 - 2) Ensure that basic services are available to resident population regardless of class status.

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- 3) Provide guidance to institutions of higher learning to implement existing independent study/distance learning policies/procedures as appropriate.
- 4) Provide guidance to institutions of higher learning to communicate the cancellation of classes and other events within existing communication policies/procedures such as weather and other emergencies.
- 5) Provide ongoing communication on closure status and impact through existing policies/procedures for communicating with students.
- 6) Participate in school-based disease surveillance and reporting activities as requested by MSDH.
- 7) Ensure that state personnel at state funded schools (including staff/faculty) are compensated according to existing agreements and any pandemic influenza specific compensation policies (see Attachment II.A.b for state policies applicable in a pandemic).

D. Mississippi Emergency Management Agency

- 1) Provide coordination and communication support as requested.
- 2) Communicate tracking requirements to ensure reimbursement from federal funding sources.
- 3) Assist, as requested by MSDH, in the coordination of the ESF 8 Structure during a declared emergency and, if necessary, prior to a declared State of Emergency to coordinate school closure issues as a community mitigation strategy.
- 4) Facilitate and coordinate the sharing of information affecting local schools with the local EOC.

E. Mississippi Department of Education

- 1) Provide ongoing communication and coordination among local boards of education.
- 2) Coordinate school closures with MSDH.
- 3) Communicate the closure of schools within existing communication policies/procedures used for weather and other emergencies.
- 4) Provide ongoing communication on closure status and impact through existing policies/procedures for communicating with parents.
- 5) In the event of prolonged school closure, provide guidance and technical assistance to local boards of education to implement continuity of education strategies to ensure access to education of all students with Individualized Education Plans (IEP). If the anticipated closure of the school exceeds 10 days, ensure that school districts conduct a review of student IEPs to determine if a revision is necessary.
- 6) For widespread school closures, provide guidance to schools on the availability of compensatory services to school districts to support students.
- 7) Provide meal services to students under the United States Department of Agriculture (USDA) school lunch programs.
 - a. Seek a waiver from the USDA to operate the Summer Food Service Program due to an unexpected school closure.
 - b. Provide guidance and technical assistance for school districts to amend their agreement to operate the Summer Feeding Program, including a waiver describing how the program would operate.

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- c. Utilize the framework of the Summer Food Service Program with appropriate adjustments made based on current community mitigation guidance (social distancing).
 - 8) Coordinate with the U.S. Department of Education to determine if alternate education strategies will qualify as classroom hours/attendance for future funding determinations.
 - 9) Participate in school-based disease surveillance and reporting activities as requested by MSDH.
- F. Mississippi Office of the Attorney General
- 1) Ensure that legal authorities are utilized within the scope and intent of the law.
 - 2) Provide legal guidance on school closure if voluntary closure is not feasible.
- G. Mississippi State Board for Community and Junior Colleges
- 1) Provide ongoing communication and coordination among community and junior colleges.
 - 2) Provide guidance to community and junior colleges to implement existing independent study/distance learning policies/procedures as appropriate.
 - 3) Provide guidance to community and junior colleges to communicate the cancellation of classes and other events within existing communication policies/procedures such as weather and other emergencies.
 - 4) Provide ongoing communication on class cancellation status and impact through existing policies/procedures for communicating with students.
 - 5) Participate in school-based disease surveillance and reporting activities as requested by MSDH.
 - 6) Ensure that state personnel at state funded schools (including staff/faculty) are compensated according to existing agreements and any pandemic influenza specific compensation policies (see Attachment II.A.b for state policies applicable in a pandemic).

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi State Department of Health
- 1) In a mild to moderate pandemic, provide recommendations on the re-opening of individual schools and daycares based on the current state of risks to the public's health.
 - 2) In a severe pandemic, provide recommendations and guidance on the widespread re-opening of schools and daycares to the Office of the Governor, MEMA and coordinating education agencies/organizations.
- B. Mississippi Association of Independent Schools
- 1) Coordinate the reopening of schools in coordination with the State Department of Health.
 - 2) Communicate the re-opening of schools within existing communication policies/procedures used for weather and other emergencies.
 - 3) Provide ongoing communication on re-opening status and impact through existing policies/procedures for communicating with parents.
 - 4) Coordinate the integration of any alternate education processes back into the classroom environment.

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- 5) Provide crisis counseling consistent with existing guidelines and request additional assistance if needed through MSDH or ESF 8 if activated.
- C. Mississippi Board of Trustees of State Institution of Higher Learning
- 1) Establish a timeframe for resuming normal education activities.
 - 2) Communicate the re-initiation of classes within existing communication policies/procedures used for announcing classes for upcoming semesters.
 - 3) Determine policies for managing costs and reimbursement for canceled classes/services.
 - 4) Provide crisis counseling consistent with existing guidelines and request additional assistance if needed through MSDH or ESF 8 if activated.
- D. Mississippi Emergency Management Agency
- Provide assistance as requested to state agencies and organizations. Identify options for reimbursement for costs associated with pandemic school closings.
- E. Mississippi Department of Education
- 1) Coordinate the reopening of schools in coordination with the Mississippi State Department of Health.
 - 2) Communicate the re-opening of schools within existing communication policies/procedures used for weather and other emergencies.
 - 3) Provide ongoing communication on re-opening status and impact through existing policies/procedures for communicating with parents.
 - 4) Provide guidance and technical assistance on the integration of any alternate education processes back into the classroom environment.
 - 5) Provide guidance and technical assistance on the circumstances requiring revision of IEPs.
 - 6) Provide guidance and technical assistance to local school districts to access funding to support alternate education strategies from the federal and state education agencies.
 - 7) Provide crisis counseling consistent with existing guidelines, and request additional assistance if needed through MSDH or ESF 8 if activated.
 - 8) The steps in the process for providing crisis counseling would be:
 - a. Local Superintendents of Education, or designated representatives, will notify the Director of the Office of Healthy Schools of the need for supplemental crisis mental health support for screening and referring students for mental health services. The location (school) and scope of need (number of students) will be included in the notification of need by LSE. The alternate position for receiving these notifications/requests will be the Director of Health Services, in the Office of Healthy Schools
 - b. The Office of Healthy Schools will coordinate with the Mississippi Department of Mental Health for the needed supplemental crisis support in schools by mental health professionals.

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- c. Local Superintendents of Education, or designated representatives, will notify the Director of the Office of Healthy Schools when the supplemental crisis support by mental health professionals is no longer required. The Office of Healthy Schools will coordinate with the Mississippi Department of Mental Health for the withdrawal of supplemental crisis mental health support in schools.
 - d. The Office of Healthy Schools will coordinate the LSE application for Medicaid funding to cover applicable costs of supplemental crisis support by mental health professionals.
- F. Mississippi Office of the Attorney General
Provide legal guidance on school re-opening.
- G. Mississippi State Board for Community and Junior Colleges
- 1) Establish a timeframe for resuming normal education activities.
 - 2) Communicate the re-initiation of classes within existing communication policies/procedures used for announcing classes for upcoming semesters.
 - 3) Determine policies for managing costs and reimbursement for canceled classes/services.
 - 4) Provide crisis counseling consistent with existing guidelines, and request additional assistance if needed through MSDH or ESF 8 if activated.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
 - Attachment II.J.a. Steps for Closing and Reopening Schools TBD
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) Basic Plan
 - b) ESF 8, Public Health and Medical Services, Annex
- C. Agency/department materials (agency or department-specific)
 - MSDH Guidance for Dismissal of School and Closure of Child Care Programs
- D. Mississippi law (statutory and regulatory references)
 - 1) §33-15-11, Mississippi Code of 1972 (closure of any Institution by the Governor under a Declaration of Emergency)
 - 2) §37-13-65, Mississippi Code of 1972 (closure by Superintendent for holidays and emergencies)
 - 3) §37-65-101, Mississippi Code of 1972 (closure by Board of Trustees for holidays and emergencies)
 - 4) §37-65-1, Mississippi Code of 1972 (closure by the Governor prior to the Declaration of Emergency (only applies to public schools))
 - 5) §37-1-3, Mississippi Code of 1972 (authority and responsibility for development of curriculum)
 - 6) §37-41-27, Mississippi Code of 1972 (authority for local school boards to permit the use of school resources for other purposes during an emergency)

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- 7) §41-23-5, Mississippi Code of 1972 (closure of any institutions by the State Health Officer)
 - 8) Mississippi Executive Order No. 1022
 - 9) §37-151-103, Mississippi Code of 1972, Department of Education Adequate Education Program Fund (adjustments to Attendance-based Reimbursement During a Pandemic)
- E. Memoranda of understanding and agreements
MOU between Mississippi State Department of Health and Mississippi Department of Education to Permit the Use of School Resources for Other Purposes During an Emergency
- F. Federal and other laws, plans, guidance and reports
Educational institution continuity of operations plans (available through individual institutions)

Section II.K

Acquire and Distribute Medical Countermeasures

Coordinating Emergency Support Function

ESF 8 - Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

- Department of Policy and Evaluation
- Office of Emergency Preparedness and Response
- Receiving, Staging and Storage (RSS) Warehouse Facility Staff/RSS Team
- State Epidemiologist
- Strategic National Stockpile Coordinator

Supporting Agencies and Organizations

Mississippi Department of Public Safety

Mississippi Hospital Association

Mississippi Military Department

The purpose of this section is to describe preparedness efforts and response actions in providing state assistance and coordinating local resources for public health and medical care needs resulting from a Pandemic Influenza (PI). This section will serve as a scalable, flexible guide to responding to an evolving PI event. Guidelines will be adapted to the specific pandemic scenarios that are based on epidemiology, severity of disease and the available supply of medical countermeasures. The majority of tasks in this section are performed by the Mississippi State Department of Health (MSDH). As such, its divisions and supporting functions are broken out to clearly delineate responsibilities within the department. In cases where two divisions or supporting departments are assigned the same tasks, these tasks are expected to be executed in a collaborative fashion.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

1) *All Departments will:*

Review annually and as deemed necessary the Plan for allocation and distribution of medical countermeasures (vaccine, antivirals, facemasks, respirators and ventilators).

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- 2) *Field Services will:*
 - Review any and all updates to the Plan for Allocation and Distribution of Medical Countermeasures (vaccine antivirals, facemasks, respirators and ventilators).
- 3) *Office of Emergency Preparedness and Response will:*
 - a. Review, exercise and modify medical countermeasures distribution plans on a periodic basis and as needed.
 - b. Review national recommendations for priority groups for antivirals and develop state-specific modifications or refinements for target groups.
 - c. Develop specific definitions for target groups for antivirals, identifying occupational categories and sub-categories, as needed, within each broad target and estimating the size of relevant target groups.
 - d. Develop plans for distribution of vaccine, antivirals, facemasks, respirators and ventilators.
 - e. Create, review and refine educational materials regarding the need of target groups for antivirals and the rationale for the groups currently recommended.
 - f. Conduct training for public health staff and partners involved in distributing and administering vaccine and antivirals and ensure redundancy of knowledge and responsibility for pandemic activities.
 - g. Develop a system to report and investigate adverse events following administration of vaccine and antiviral medications.
 - h. Review and refine site locations for distribution as outlined in the MSDH Strategic National Stockpile (SNS) Plan.
 - i. Coordinate the distribution plan with neighboring states and Mississippi tribes.
- 4) *Receipt, Storage and Staging Warehouse Facility and Staff will:*
 - a. Provide adequate warehouse space for distribution of medical countermeasures that is compliant with federal and state regulations for distribution of pharmaceuticals.
 - b. Develop a plan to provide personnel to perform duties for storage, staging, and distribution of federal Strategic National Stockpile (SNS) assets as outlined in the MSDH SNS Plan.
 - c. Provide material handling equipment for warehouse movement of SNS medical assets.
 - d. Provide tractor trailers to transport SNS medical assets, including refrigerated trailers for transport of temperature sensitive materiel.
 - e. Have redundant plans for generator power, fuel for vehicles, and maintenance for vehicles.
 - f. Develop care and feeding plan for all personnel required for storage, staging, and distribution of SNS assets.
 - g. Prepare contingency plans for office materials to support the inventory management system.
- 5) *State Epidemiologist will:*
 - a. Review, exercise and modify medical countermeasures distribution plans on a periodic basis and as needed.

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- b. Review current CDC prophylaxis and treatment guidelines for vaccine/antivirals and determine options for vaccine/antiviral use.
- c. Provide the most up-to-date information to the medical community and other stakeholders regarding vaccine, antivirals, facemasks, respirators and ventilators.
- d. Review national recommendations for priority groups for vaccine and antivirals and develop state-specific modifications or refinements for target groups.
- e. Develop specific definitions for target groups for vaccine and antivirals, identifying occupational categories and sub-categories, as needed, within each broad target and estimating the size of relevant target groups.
- f. Develop plans for distribution of vaccine, antivirals, facemasks, respirators and ventilators.
- g. Create, review and refine educational materials regarding the need of target groups for vaccine and antivirals and the rationale for the groups currently recommended.
- h. Develop a system to report and investigate adverse events following administration of vaccine and antiviral medications.
- i. Coordinate the distribution plan with neighboring states and Mississippi tribes.
- j. Review any and all updates to the Plan for Allocation and Distribution of Medical Countermeasures (vaccine, antivirals, facemasks, respirators and ventilators).

6) *Strategic National Stockpile Coordinator will:*

- a. Maintain up-to-date point of distribution lists.

B. Mississippi Department of Public Safety

- 1) Coordinate with the Mississippi Military Department on security issues during storage, staging, and distribution of medical countermeasures for PI within Mississippi.
- 2) Complete a security assessment for all RSS sites for incorporation into a Field Operations Guide.
- 3) Develop plans for protection and security of RSS personnel, facility and medical countermeasures once within the jurisdiction of the state.
- 4) Develop contingency plans for crowd control and breach of security at the RSS.
- 5) Develop contingency plan for evacuation of RSS.
- 6) Develop plans for security of medical countermeasures during transportation from the RSS to various end-point locations around the state.
- 7) Coordinate planning with the state representative from the U.S. Marshals Service.
- 8) Coordinate with MSDH on pre- and onsite credentialing of personnel required for storage, staging, and distributing medical countermeasures.

C. Mississippi Hospital Association

- 1) Develop treatment center specific plans for receiving medical countermeasures.
- 2) Identify strategies to cope with patient surge.
- 3) Report estimated number of patients they can treat for pandemic influenza.

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- 4) Determine location at each center for delivery of medical countermeasures and identify 24/7/365 point of contact(s) for receiving materiel.
- 5) Ensure means for off-loading materiel, document transfer of custody and proper storage and inventory of materiel.
- 6) Provide a representative to the State Emergency Operations Center (SEOC) for the SNS Technical Advisory Unit.

D. Mississippi Military Department

- 1) Coordinate with the Mississippi Department of Public Safety on security issues during storage, staging and distribution of medical countermeasures within Mississippi.
- 2) Complete a security assessment for all RSS sites for incorporation into a Field Operations Guide.
- 3) Develop plans for protection and security of RSS personnel, facility and medical countermeasures for pandemic influenza once within the jurisdiction of the state.
- 4) Develop contingency plans for evacuation of RSS.
- 5) Develop plans for security of medical countermeasures during transportation from the RSS to various end-point locations around the state.
- 6) Coordinate planning with the state representative from the U.S. Marshals Service.
- 7) Coordinate with MSDH on pre- and onsite credentialing of personnel required for storage, staging and distributing medical countermeasures.

2. PANDEMIC RESPONSE TASKS AND RESPONSIBILITIES

A. Mississippi State Department of Health

1) *All Departments will:*

- a. Coordinate with bordering jurisdictions and Mississippi Band of the Choctaw Indians.
- b. Monitor and disseminate information and recommendations from CDC.
- c. Upon recommendations by the CDC for deployment of vaccine, antivirals and other medical countermeasures to states, MSDH will fully activate the plan for distribution of antivirals consistent with the MSDH SNS Plan.
- d. Continue full activation of the plan for distribution of vaccine, antivirals and other medical countermeasures from the SNS.
- e. Confer with the CDC on the number of vaccine/antiviral doses Mississippi will receive and expected date of delivery.
- f. Fully activate the plan for distribution of vaccine/antivirals, including monitoring drug use, drug-related adverse events and drug resistance.

2) *Office of Emergency Preparedness and Emergency Response will:*

- a. Through guidance by the State Epidemiologist, modify the plan for distribution of vaccine/antivirals to account for possible updated Federal interim recommendations on priority groups, projected antiviral supplies and timelines for availability.

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- b. Meet with partners and stakeholders to review the major elements of the state's antiviral distribution plan.
 - c. Communicate frequently with the CDC regarding imminent deployment of SNS assets. Federal counterparts will determine when to activate the SNS to begin the distribution of critical medical materiel based on the epidemiology of the virus nationally with consideration on the federal response stage and severity index.
 - d. Notify the medical community about the status of the plan and the expected availability of antivirals.
 - e. Coordinate distribution to selected locations as outlined in the MSDH Strategic National Stockpile (SNS) Plan.
 - f. Coordinate the distribution plan with neighboring states and Mississippi tribes.
- 3) *Receipt, Storage and Staging (RSS) Team will:*
- a. Process orders for distribution of medical countermeasures.
 - b. Manage federally received medical countermeasures supply inventory.
- 4) *Receipt, Storage and Staging (RSS) Warehouse Facility and Staff will:*
- a. Activate RSS site as per MSDH RSS Plan.
 - b. Provide personnel to perform duties for storage, staging and distribution of SNS assets as outlined in the MSDH SNS Plan.
 - c. Provide the foundation for all warehouse activities for distribution of medical countermeasures, including receiving, storing, staging and distribution.
- 5) *State Epidemiologist will:*
- a. Provide guidance to the MSDH Office of Emergency Preparedness and Response regarding how to modify the plan for distribution of vaccine/antivirals to account for possible updated Federal interim recommendations on priority groups, projected antiviral supplies, and timelines for availability.
 - b. Meet with partners and stakeholders to review the major elements of the state's antiviral distribution plan.
 - c. Update Standing Orders for administration of antivirals based on any new recommendation from the Federal government, as needed.
 - d. Notify the medical community about the status of the plan and the expected availability of antivirals.
 - e. Provide individual providers and other stakeholders with most up-to-date information regarding:
 - i. Interim recommendations for priority groups.
 - ii. Distribution and/or administration of unlicensed vaccine/antivirals under Investigational New Drug (IND) or Emergency Use Authorization (EUA) provisions, if necessary.
 - iii. Data collection on antiviral drug use, drug-related adverse events, and drug resistance.
 - f. Continue to review current CDC prophylaxis and treatment guidelines for vaccine/antivirals and determine options for antiviral use.

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- B. Mississippi Department of Public Safety
Secure RSS Warehouse and provide security escorts from RSS to end recipient.
- C. Mississippi Hospital Association
 - 1) Follow all recommendations from CDC as communicated by MSDH.
 - 2) Coordinate hospital preparedness for receiving medical countermeasures.
 - 3) Provide Treatment Center Coordinator to the SNS Technical Advisory Unit at the State Emergency Operations Center (SEOC).
 - 4) Report expected number of patients hospitals can potentially treat.
 - 5) Utilize medical countermeasures received by the state for treatment of ill persons.
 - 6) Provide case-count, epidemiological intelligence and inventory information to the Treatment Center Coordinator within the SNS Technical Advisory Unit of the SEOC.
- D. Mississippi State Military Department
Maintain plans for securing, storing and transporting medical countermeasures at RSS site and in transit.

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi State Department of Health
 - 1) *All Departments will:*
 - a. Prepare for a second wave of influenza illness.
 - b. Inventory antivirals and medical countermeasure supplies.
 - c. With assistance from partner agencies, evaluate overall success of antiviral drug administration and response activities and submit this data for an After Action Report (AAR).
 - 2) *Office of Emergency Preparedness and Response will:*
With assistance from partner agencies, evaluate the overall success of antiviral drug administration and response activities and submit this data for an AAR.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 1, Transportation, Annex
 - b) ESF 8, Public Health and Medical Services, Annex
 - c) ESF 13, Public Safety and Security, Annex
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi State Department of Health
 - a) Clinical Recommendations for Antiviral Use
 - b) Guidelines Regarding Uninsured and Underinsured

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- c) Health Alert Network (HAN)
 - d) Hospital Survey Tool for Allocation of Ventilators
 - e) Job Action Sheets for Each Receipt, Staging and Storage (RSS) Function
 - f) Licensed and Certified Long-Term Care Facilities List
 - g) Licensed Hospitals and Healthcare Centers List
 - h) Mississippi Vaccination Plan 2009
 - i) Mississippi Immunization and Information exchange (MIIX) System
 - j) Plan for Allocation of Facemasks and N95 Respirators
 - k) Plan for Monitoring Antiviral Safety and Efficacy and Reporting of Adverse Events
 - l) Plan for use of "I Web" and "Sentinel"
 - m) Point of Distribution List (Pharmacy Inventory Management System)
 - n) Priority Groups and At Risk Populations Guidelines
 - o) Receipt, Staging and Storage Site Security plans (confidential)
 - p) Receipt, Staging and Storage Site (RSS) Operational Plan: Strategic National Stockpile Plan
 - q) Strategic National Stockpile (SNS) Plan
 - r) State Medical Asset Resources Tracking Tool (SMARTT)
 - s) Provider Enrollment Form
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
1) County Site for SNS Point of Distribution
- F. Federal and external laws, plans, guidance and reports
None submitted

Section II.L

Ensure Mass Vaccination Capability during each Phase of a Pandemic

Coordinating Emergency Support Function

ESF 8 - Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

- Bureau of Emergency Planning and Preparedness
- County and District Health Offices
- Department of Immunizations
- Department of Pharmacy
- Office of Communicable Diseases
- Office of Communications
- Office of Emergency Preparedness and Response (OEPR)
- Receiving, Staging and Storage (RSS) Warehouse Facility
- State Epidemiologist

Supporting Agencies and Organizations

Mississippi Department of Public Safety

Mississippi Military Department

The purpose of this section is to describe preparedness efforts and response actions related to providing state assistance and coordination of local resources in the allocation and distribution of both seasonal strain and pandemic strain vaccines in the event of a pandemic influenza. Vaccination is the primary intervention to mitigate the health impacts of a pandemic influenza. The overall impact of vaccination during a pandemic depends on how rapidly a pandemic influenza vaccine becomes available, its effectiveness in preventing infection and disease, its supply levels and the ability to allocate and administer it. In contrast to seasonal influenza vaccine, delivery of pandemic influenza vaccine may encompass an expanded target population, potentially the entire population of the United States of America. The success of the vaccination program will be determined in large part by the strength of state and local vaccination activities and public information efforts during the initial phase of a pandemic influenza.

Guidelines will be adapted to the specific pandemic scenario based on epidemiology, severity of disease and the available supply of vaccine. The majority of tasks in this section are performed by the Mississippi State Department of Health (MSDH). As such, its divisions and supporting functions are broken out to clearly delineate responsibilities within MSDH. In cases where two divisions or supporting departments are assigned the same task(s), the task(s) are expected to be executed in a collaborative manner.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) *Bureau of Emergency Planning and Preparedness will:*
Recruit volunteer healthcare professionals via the Mississippi Volunteer in Preparedness Registry (VIPR) and provide training and support to these volunteers to aid in the administration of pandemic strain vaccine.
- 2) *Office of Communicable Diseases and the Office of Emergency Preparedness and Response in conjunction with the State Epidemiologist will:*
 - a. Prepare educational and communication materials, including translation for non-English readers to:
 - i. Enhance levels of seasonal influenza vaccination in groups at risk for severe influenza in order to increase vaccination coverage levels.
 - ii. Enhance levels of seasonal influenza vaccination in healthcare workers.
 - iii. Enhance levels of pneumococcal pneumonia vaccination among those for whom it is recommended with the aim of reducing the incidence and severity of secondary bacterial pneumonia.
 - iv. Increase vaccine acceptability through public education targeted at familiarizing people with the safety profile and benefits of vaccination.
 - b. Assign a vaccine safety coordinator within the MSDH Department of Epidemiology.
 - c. Develop strategies for vaccinating hard to reach populations.
 - d. Review, exercise and modify vaccine distribution plans on a periodic basis and as needed.
 - e. Review annually and as deemed necessary the plan for allocation and distribution of mass vaccinations.
 - f. Review Federal Interagency Working Group's Draft Guidance on Allocating and Targeting Pandemic Influenza, section 4 of this subsection for pandemic influenza vaccination and develop state-specific modifications or refinements for priority groups.
 - g. Plans for allocation of pre-pandemic strain and pandemic strain vaccination including specific definitions for priority groups, identifying occupational categories and sub-categories, as needed, within each broad priority group are developed, revised and maintained through the PI Vaccine Preparedness and Response Work Group. The PI-VPR work group comprised of members of the public health immunizations and emergency preparedness staffs. Comment on emergency preparedness plans and their implementation is vetted through the Senior Advisory Committee.
 - h. Create, review and refine educational materials regarding the need for priority groups and the rationale for the groups currently recommended.

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- i. Utilize the Vaccine Adverse Event Reporting System (VAERS) to report and investigate adverse events following immunization with a pandemic influenza vaccine as delineated in "Vaccine Adverse Event Report System (VAERS)", section 4 of this subsection.
- 3) *Immunization Program will:*
- a. Develop/maintain immunization registry.
 - b. Conduct training for public health staff and partners involved in distributing and administering vaccines, and ensure redundancy of knowledge and responsibility for pandemic activities.
- 4) *Office of Communications will:*
- Develop plans for communicating with the public and stakeholders consistent with Section II.O of this Annex.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) *County and District Health Offices will:*
- a. Provide human resources for administration of pandemic strain vaccine.
 - b. Collect and collate vaccine data from providers.
 - c. Report data to federal authorities via the Countermeasures and Response Administration (CRA) system.
- 2) *Office of Communicable Diseases and Immunization Program in conjunction with the State Epidemiologist, will:*
- a. Fully activate the plan for vaccination as outlined in section 4 of this subsection.
 - b. Coordinate the vaccine distribution plan with neighboring states and Mississippi Band of the Choctaw Indians.
 - c. While utilizing estimates of weekly allocation as outlined in the "Plan for Allocation of Vaccine", section 4 of this subsection, track vaccine supply and distribution for administration.
 - d. Collect and collate vaccine data from providers.
 - e. Report data to federal authorities via the Countermeasures and Response Administration (CRA) system.
 - f. Facilitate reporting of adverse effects from vaccine administration via the Vaccine Adverse Events Reporting System (VAERS).
 - g. Implement a call-back system or immunization registry that will:
 - i. Inform vaccinated persons of the need for a second vaccination.
 - ii. Track vaccine supply and distribution.
 - iii. Collect data, as required by the federal government, from individual providers.
 - iv. Collate data at the local and state level.
 - v. Report the data to federal authorities on a routine basis.
 - h. Meet with partners and stakeholders to review the major elements of the plan for mass vaccination.

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- i. Modify the plan for mass vaccination to account for possible updated federal interim recommendations on priority groups, projected vaccine supplies and timelines for availability. State health officer or designee will determine the application of vaccine priority groups based on CDC recommendations and facts on the ground.
 - j. Notify the medical community about the status of the plan and the expected availability of vaccines.
 - k. Coordinate with Mississippi schools and institutions of higher education to ensure vaccination of school populations. Implement school vaccination programs as needed.
 - l. Review administration orders, as approved by the State Health Officer, for pandemic influenza vaccine administration.
 - m. Provide individual providers and other stakeholders with the most up-to-date information regarding:
 - i. Interim recommendations for vaccine target groups.
 - ii. Distribution and or administration of unlicensed vaccinations under IND (Investigational New Drug) or EUA (Emergency Use Authorization) provisions.
 - iii. Data collection on vaccine effectiveness, supply, distribution, coverage and safety.
- 3) *Public Health Pharmacy, in conjunction with the Office of Emergency Preparedness and Response (OEPR), will:*
- a. Work with the RSS Warehouse Facility to provide equipment and human resources for receiving, storing and distribution of pandemic strain vaccine.
 - b. Work with the RSS Warehouse Facility to receive and cold store 45,000 pandemic strain vaccines packaged in multi-dose vials. Mississippi will receive pre-pandemic and pandemic strain vaccine centrally for subsequent distribution for administration. Implementation steps for operations of selected sites for vaccine distribution are described in “Plan for Allocation of Vaccine”, section 4 of this subsection.
 - c. Comply with federal and state regulations for distribution of pharmaceuticals.
 - d. Will utilize agency approved cooler containers at all administration sites to ensure maintenance of cold chain.
 - e. Have redundant plans for generator power, fuel for vehicles and maintenance for vehicles.
- 4) *Office of Emergency Preparedness and Response (OEPR) will:*
- a. Coordinate vaccine distribution plan with neighboring states and Mississippi Band of the Choctaw Indians.
 - b. Support the call-back system or immunization registry that will:
 - i. Inform vaccinated persons of the need for a second vaccination.
 - ii. Track vaccine supply and distribution.
 - iii. Collect data, as required by the federal government, from individual providers.
 - iv. Collate data at the local and state level.
 - v. Report the data to federal authorities on a routine basis.

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- c. Facilitate reporting of adverse events from vaccine administration via VAERS.
 - d. Review administration orders, as approved by the State Health Officer, for pandemic influenza vaccine administration.
- 5) *RSS Warehouse Facility, in coordination with the Public Health Pharmacy and the Office of Emergency Preparedness and Response (OEPR) will:*
- a. Work with the Public Health Pharmacy to provide equipment and human resources for receiving, storing and distribution of pandemic strain vaccine.
 - b. Comply with federal and state regulations for distribution of pharmaceuticals.
 - c. Have redundant plans for generator power, fuel for vehicles and maintenance of vehicles.
- 6) *State Epidemiologist will:*
- a. Confer with the CDC on the number of pandemic influenza vaccine doses Mississippi will receive and date of receipt.
 - b. Coordinate the vaccine distribution plan with neighboring states and Mississippi Band of the Choctaw Indians.
 - c. Ensure completion of vaccination of target groups.
 - d. Advise as to when to phase in vaccination of the rest of the population.
 - e. Monitor the call-back system or immunization registry that will:
 - i. Inform vaccinated persons of the need for a second vaccination.
 - ii. Track vaccine supply and distribution.
 - iii. Collect data, as required by the federal government, from individual providers.
 - iv. Collate data at the local and state level.
 - v. Report the data to federal authorities on a routine basis.
 - f. Review and update administration orders for pandemic influenza vaccine as needed, based on any new recommendations from the federal government.
- 7) *Office of Communications will:*
Coordinate communications to the public and stakeholders consistent with Section II.O of this annex.
- B. Mississippi Department of Public Safety
In conjunction with the Mississippi State Military Department, coordinate security issues during storage, staging, distribution and administration of pandemic strain vaccine.
- C. Mississippi Military Department
Coordinate security issues during storage, staging, distribution and administration of pandemic strain vaccine.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) *All Departments will:*
 - a. Prepare for a second wave of influenza illness.
 - b. Inventory pandemic influenza vaccine, pharmaceuticals and supplies.
 - c. Evaluate vaccination protocols and procedures.
 - d. Critique and improve vaccination and distribution sites.
 - e. Document personnel available to work in second wave vaccination clinics.
- 3) *Office of Emergency Preparedness and Response will:*

Evaluate the overall success of the vaccination effort and response with assistance from partner agencies activities, and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

A. Attachments

None submitted

B. State plans and procedures (statewide-multi-agency)

- 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 1, Transportation, Annex
 - b) ESF 8, Public Health and Medical Services, Annex
 - c) ESF 13, Public Safety and Security, Annex

C. Agency/department materials (Agency or Departmental specific)

- 1) Mississippi State Department of Health
 - a) Clinical Recommendations for Antiviral Use
 - b) CONOPS Plan
 - c) Countermeasures and Response Administration (CRA) System
 - d) Guidelines Regarding Uninsured and Underinsured
 - e) Health Alert Network (HAN)
 - f) Hospital Survey Tool for Allocation of Ventilators
 - g) Immunization Manual
 - h) Job Action Sheets for Each Receipt, Staging and Storage Site (RSS) Function
 - i) Licensed and Certified Long-Term Care Facilities List
 - j) Licensed Hospitals and Healthcare Centers List
 - k) Mississippi Antiviral Distribution Plan 2009
 - l) Mississippi Immunization and Information exchange (MIIX) System
 - m) Plan for Allocation of Vaccine
 - n) Plan for use of "I Web" and "Sentinel"
 - o) Point of Distribution List (Pharmacy Inventory Management System)
 - p) Priority Groups and At Risk Populations Guidelines
 - q) Federal Interagency Working Group's Draft Guidance on Allocating and Targeting Pandemic Influenza (October 17, 2007)
 - r) Receipt, Staging and Storage Site Security plans (confidential)

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- s) Receipt, Staging and Storage Site (RSS) Operational Plan: Strategic National Stockpile Plan
 - t) Strategic National Stockpile (SNS) Plan
 - u) State Medical Asset Resources Tracking Tool (SMARTT)
 - v) Vaccine Administration Record
 - w) Vaccine Adverse Event Report System (VAERS)
 - x) Provider Enrollment Form
 - y) Standard Operating Procedures for Management Pre-Pandemic and Pandemic Strain Vaccine
 - z) Operating Sites for Vaccine Receipt/Distribution
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and external laws, plans, guidance and reports
None submitted

Section II.M

Provide Healthcare

Coordinating Emergency Support Function

ESF 8 - Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Board of Nursing
Mississippi Department of Human Services
Mississippi Department of Mental Health
Mississippi Department of Rehabilitation Services
Mississippi Emergency Management Agency
Mississippi Hospital Association
Mississippi Hospitals
Mississippi Healthcare Organizations
Mississippi State Board for Community and Junior Colleges
Mississippi State Board of Medical Licensure
University of Mississippi Medical Center

The U.S. Department of Health and Human Services, based on extrapolation of the 1957 and 1968 pandemics, suggests that there could be 839,000 to 9,625,000 hospitalizations, 18–42 million outpatient visits, and 20–47 million additional illnesses, depending on the attack rate of infection during the pandemic. In addition, published estimates show demand for inpatient and intensive care beds may increase as much as 25% even in a less severe scenario. Prevention, preparedness and response activities are essential to provide consistent, uninterrupted patient care before, during and after a pandemic influenza event.

The purpose of this section is to describe preparedness efforts and response actions in providing a framework for the coordination of state resources to support the local healthcare response to a pandemic influenza event. A pandemic influenza will place an enormous burden on the State of Mississippi's healthcare system.

For the purposes of developing state recommendations to ethical issues that may impact public health decision making, the Mississippi State Department of Health is in the process of developing an Advisory Committee to the State Health Officer. The State Epidemiologist will serve as chairperson. The group will be comprised of experts from a wide array of disciplines. The process for identifying and vetting the individual representatives is being developed now. The Advisory Committee will not be convened until a specified pandemic influenza trigger has been activated. For now, individuals will be contacted to request permission to call upon them for their expertise at a later date. Participation will be allowed via teleconference.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Conduct impact assessments on hospitals and healthcare systems.
- 2) Manage information needed to support hospital and healthcare systems operations, including incident management plans and development of response and recovery strategies.
- 3) In coordination with the Mississippi Emergency Management Agency (MEMA), the Mississippi Department of Public Safety (MDPS) and the Wireless Communications Commission (WCC), review Section II.O of this annex to ensure that reliable and interoperable communications will be available to hospitals and other healthcare organizations during a pandemic influenza event.
- 4) In coordination with the WCC and MEMA, the MSDH will:
 - a. Assure that information distributed through the SMARTT system will reach all healthcare and healthcare-related entities throughout MS.
 - b. Assure that the WCC receives information from SMARTT regarding the current status of the current incident as well as communication needs that have been identified at the local healthcare level.
- 5) Ensure that the Volunteers in Preparedness Registry (VIPR) program, Mississippi's Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP), adequately addresses surge personnel requirements for hospitals and other healthcare organizations in response to a PI.
- 6) Develop strategies to identify at risk populations within the community, and determine the potential impact from pandemic influenza as outlined in Section II. I.
- 7) Maintain updated case definitions, procedures for screening, infection control, laboratory testing and recommended use of antiviral regimens as necessary and consistent with the most current CDC infection control guidance documents and disseminated to hospitals and other healthcare organizations as outlined in Section II.I of this annex.
- 8) Maintain strategies and triage protocols for hospitals and other healthcare organizations for identifying and managing patients presenting with influenza-like-illness (ILI) consistent with the most current CDC infection control guidance documents.
- 9) In coordination with Mississippi's State Board for Community and Junior Colleges, MSDH will identify Mississippi Community Colleges (MCC) that will be used as sites for Regional Special Medical Needs Shelters and as alternate care sites for PI.
- 10) In coordination with Mississippi's State Board for Community and Junior Colleges, MSDH maintains MOAs with the Mississippi Community Colleges (MCC) that have been selected as sites for Regional Special Medical Needs Shelters and as alternate care sites for PI (see Attachment II.M.a).

B. Mississippi Board of Nursing

- 1) Ensure the ongoing licensure and credentialing of nurses in Mississippi.
- 2) Assist in recruitment of nurses into VIPR.

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- 3) Assist with credentialing and verification of nurses enrolled in VIPR.
- C. Mississippi Emergency Management Agency
- 1) Assist MSDH in identifying assets to assist hospitals and other healthcare organizations in operations required for a PI response once local assets have been depleted or become overwhelmed.
 - 2) In coordination with MSDH, MDPS and the WCC; review the Section II. O of this annex to ensure that reliable and interoperable communications will be available to hospitals and healthcare organizations during a pandemic influenza event.
 - 3) Facilitate and provide appropriate health care information to local EOCs (if activated).
 - 4) In coordination with the WCC and MSDH, MEMA will assist MSDH to:
 - a. Assure that information distributed through the SMARTT system will reach all healthcare and healthcare-related entities throughout Mississippi.
 - b. Assure that the WCC receives information received from SMARTT regarding the current status of the current incident as well as communication needs that have been identified at the local healthcare entity level.
- D. Mississippi Department of Human Services
- 1) Coordinate with MSDH to determine the potential impact of various community mitigation strategies on at risk populations and provide recommendations to MSDH on steps to facilitate the implementation of community mitigation strategies for at risk populations.
 - 2) Develop plans to ensure continuity of operations for essential services to include mental health, substance abuse and congregate living services in the event of PI.
- E. Mississippi Department of Mental Health
- Coordinate efforts with MSDH to provide basic human mental health needs during and following a pandemic.
- F. Mississippi Hospital Association
- Provide advocacy and consultation between the MSDH and individual hospitals and healthcare systems.
- G. Mississippi Hospitals
- 1) Engage in regional planning for the purposes of regional triage in response to a PI.
 - 2) Develop plans to monitor and report exposure and health status of staff and patients.
 - 3) Provide MSDH with projections of resource needs, including antiviral regimens, personal protective equipment, ventilators (if available) and other medical support supplies. Utilize FluAid and FluSurge or similar programs to determine projections, if accessible.
 - 4) Review institution plans for pandemic influenza and communicate with partners on regional plans, if applicable.

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- H. Mississippi Healthcare Organizations
 - 1) Engage in regional planning for the purposes of regional triage in response to a PI.
 - 2) Develop plans to monitor and report exposure and health status of staff and patients.
 - 3) Provide MSDH with projections of resource needs, including antiviral regimens, personal protective equipment, ventilators (if available) and other medical support supplies. Utilize FluAid and FluSurge or similar programs to determine projections, if accessible.
 - 4) Review institution plans for pandemic influenza and communicate with partners on regional plans, if applicable.
- I. Mississippi State Board for Community and Junior Colleges
 - 1) In coordination with Mississippi's Department of Health, assist with selecting Mississippi Community Colleges (MCC) to be used as sites for Regional Special Medical Needs Shelters and as alternate care sites for PI.
 - 2) In coordination with Mississippi's Department of Health, assist with maintaining appropriate MOAs with the MCCs that have been selected as sites for Regional Special Medical Needs Shelters and as alternate care sites for PI (see Attachment II.M.a).
- J. Mississippi State Board of Medical Licensure
 - 1) Ensure the ongoing licensure and credentialing of physicians and other practitioners in Mississippi.
 - 2) Assist in recruitment of physician and other practitioners for pre-placement into VIPR.
 - 3) Assist with credentialing and verification of physicians and other practitioners enrolled in VIPR.
- K. University of Mississippi Medical Center

Support MSDH in developing plans and systems to support healthcare resources situational awareness.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi State Department of Health
 - 1) Maintain reliable and interoperable communications available to hospitals and healthcare organizations as delineated by Section II. O of this annex.
 - 2) Activate VIPR personnel as necessary.
 - 3) In coordination with the WCC and MEMA, the MSDH will:
 - a. Disseminate information distributed through the SMARTT system to all hospitals and healthcare organizations.
 - b. Assure that the WCC receives information from SMARTT regarding the current status of the current incident as well as ongoing communication needs that have been identified at the local healthcare level.
 - 4) Partner with the Mississippi Department of Human Services to provide community mitigation strategies to hospitals and healthcare organizations to address the needs and concerns of the at risk population.

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- 5) Provide hospitals and other healthcare organizations with updated case definitions, procedures for screening, infection control, laboratory testing and recommended use of antiviral regimens as necessary and consistent with most current CDC infection control guidance documents, and disseminate as outlined in Section II.I of this annex.
 - 6) Activate and maintain responsibility for operations of predetermined alternate care sites as necessary. Full activation and operational guidance are delineated in Attachment II.M.a of this annex.
- B. Mississippi Board of Nursing
- 1) Assist with ongoing credentialing and verification of nurses enrolled in VIPR.
 - 2) Provide guidance to MSDH in placement of nurses activated through VIPR during a pandemic.
- C. Mississippi Department of Human Services
- 1) Coordinate with MSDH to facilitate the implementation of community mitigation strategies for PI for at risk populations.
 - 2) Ensure continuity of operations for essential services to include mental health, substance abuse and congregate living services during a pandemic.
- D. Mississippi Department of Mental Health
Coordinate efforts to provide basic human mental health needs during a pandemic.
- E. Mississippi Department of Rehabilitation Services
Serve as a resource for ensuring the healthcare of handicapped and disabled populations.
- F. Mississippi Emergency Management Agency
In coordination with MSDH, MDPS and the WCC, where possible will ensure the availability of reliable and interoperable communications to hospitals and healthcare organizations during a pandemic influenza event as delineated in Section II. O of this annex.
- G. Mississippi Hospital Association
Provide advocacy and consultation between the MSDH and individual hospitals and healthcare systems during a pandemic.
- H. Mississippi Hospitals
- E. Provide MSDH with updated information on anticipated medical support material needs.
 - F. Activate institution plans for pandemic influenza which include implementing activities to limit spread of disease to staff, patients and visitors as defined by the most current recommendations from MSDH.
 - G. Increase capacity, supplement staff and provide supplies and equipment to respond to pandemic.
 - H. Report PI cases or fatalities as requested by MSDH.
 - I. Report atypical cases, breakthrough infections while on prophylaxis or any other abnormal cases throughout the duration of the pandemic as requested by MSDH.

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I. Mississippi Healthcare Organizations

- 1) Provide MSDH with updated information on anticipated medical support material needs.
- 2) Activate institution plans for pandemic influenza which include implementing activities to limit spread of disease to staff, patients and visitors as defined by the most current recommendations from MSDH.
- 3) Increase capacity, supplement staff and provide supplies and equipment to respond to pandemic.
- 4) Report PI cases or fatalities as requested by MSDH.
- 5) Report atypical cases, breakthrough infections while on prophylaxis or any other abnormal cases throughout the duration of the pandemic as requested by MSDH.

J. Mississippi State Board for Community and Junior Colleges

In coordination with MSDH, facilitate activation of predetermined MCCs to be utilized as alternate care sites as necessary. Full activation guidance is delineated in Attachment II.M.a of this annex.

K. Mississippi State Board of Medical Licensure

- 1) Assist with ongoing credentialing and verification of physicians and other practitioners enrolled in VIPR.
- 2) Provide guidance to MSDH in placement of physicians and other practitioners activated through VIPR during a pandemic.

L. University of Mississippi Medical Center

Support MSDH through the coordination of medical resources and situational awareness.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Assist hospitals and other healthcare organizations to identify appropriate medical supply/equipment resources to replenish medical supplies/equipment used during Pandemic Influenza.
- 2) Assist hospitals and other healthcare organizations to identify additional federal health related funding options to assist with losses sustained during Pandemic Influenza.
- 3) Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.

B. Mississippi Board of Nursing

Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.

C. Mississippi Department of Human Services

- 1) Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.
- 2) Return essential services, including mental health, substance abuse and congregate living services to normal operations following a Pandemic Influenza.

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- D. Mississippi Department of Mental Health
 - 1) Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.
 - 2) Coordinate efforts to provide basic human mental health needs following a pandemic.
- E. Mississippi Emergency Management Agency
 - 1) Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.
 - 2) Assist hospitals and other healthcare organizations to identify potential federal funding options to assist with replenishment of non-medical supplies utilized during a pandemic.
- F. Mississippi Hospital Association
 - Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.
- G. Mississippi Hospitals
 - Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.
- H. Mississippi Healthcare Organizations
 - Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.
- I. Mississippi State Board of Medical Licensure
 - Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this annex.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
 - Attachment II.M.a: Expanding Healthcare Services to Alternate Care Sites
- B. State plans and procedures (statewide, multi-agency)
 - Mississippi Comprehensive Emergency Management Plan, 2008
- C. Agency/department materials (Agency or department-specific)
 - Mississippi State Department of Health:
 - a) Alternate Care Facility Activation Plan
 - b) Concept of Operations Plan
 - c) State Medical Asset Tracking Tool (SMARTT)
 - d) Victim Identification Program (VIP) Software Protocol
 - e) Volunteer in Preparedness (ViPR) System
- D. Mississippi law (statutory and regulatory references)
 - None submitted

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- E. Memoranda of understanding and agreements:
 - MOAs with MSDH and Community Colleges for use as Alternate Care Sites
- F. Federal and external laws, plans, guidance and reports:
 - 1) CDC Infection Control Guidance Documents
 - 2) University of Mississippi Medical Center (UMMC) Emergency Operations Plan (EOP) *available from UMMC*

Section II.N

Manage Mass Fatalities

Coordinating Emergency Support Function

ESF 8 - Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Coroners Association

Mississippi Dental Association

Mississippi Funeral Directors Association

Mississippi Funeral Directors and Morticians Association

Mississippi Hospital Association

Mississippi Emergency Management Agency

Mississippi State Board of Funeral Service

Mississippi State Medical Examiner's Office (Department of Public Safety)

University of Mississippi Medical Center and Other Hospitals

A pandemic influenza is projected to have a global impact on morbidity and mortality. The 1918 Spanish pandemic influenza claimed the lives of 50-100 million people worldwide. During this same period, estimates place the death toll in the United States at 675,000. Planning assumptions for a severe pandemic from the Centers for Disease Control and Prevention estimate that a severe modern day pandemic of a novel influenza strain could result in over 1 million deaths (in addition to those from other causes) in the United States with over 15,000 in Mississippi. The capacity of all morgues in the state of Mississippi could be exceeded in a short time. Funeral businesses in the state would not be able to meet this demand even if they were able to remain fully operational. A pandemic influenza incident that produces mass fatalities will place extraordinary demands (including religious, cultural and emotional burdens) on local jurisdictions and the families of victims. The timely, safe and respectful disposition of the deceased is an essential component of an effective response. Accurate, sensitive and timely public relations are crucial to this effort.

The purpose of this section is to establish a comprehensive framework for the management of mass fatality response and recovery activities related to a pandemic influenza event. It provides the structure and mechanisms for the coordination of state support to county and tribal coroner/medical examiners and for exercising direct authorities and responsibilities as enacted by Mississippi law. This section assists in the important mission of minimizing the health and psychological damage associated with mass fatalities in a severe pandemic event.

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A key resource referenced throughout this document is the MSDH coordinated Mobile Mortuary Response Team (MMRT), which is coordinated by an advisory committee. The MMRT Advisory Committee and teams include, but are not necessarily limited to, representatives from: the Mississippi Coroners Association (MCA), Mississippi State Office of the Medical Examiner (MSME), Mississippi Funeral Directors Association (MFDA), Mississippi Funeral Director & Mortician Association (MFDMA), Mississippi Hospital Association (MHA) and the Mississippi State Department of Health.

Communications at the state level will be managed consistent with Section II.O of this annex. The local county coroner/medical examiners have full authority over any public released fatality media inquiries and statements and are expected to work closely with state-level communications coordination structures. Local coroners will also be responsible for establishing family assistance centers to support the provision of information to families.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Work with the MMRT to update and maintain the Local Mortuary Response Fatality System.
- 2) Pre-identify, pre-train and pre-credential volunteers to assure appropriate skills, training and licensure status.
- 3) Receive questions and requests for information and/or recommendations from state and local agencies, the public and special interest groups concerning the risks of infection from animals and potentially contaminated environments to humans.
- 4) Monitor surveillance data from federal and state agencies (e.g., USDA, CDC, ODA, ODNR) for early warning signs of pandemic flu as it related to the risk for human cases occurring.
- 5) Maintain capability to effectively perform all aspects of fatality management including scene documentation, complete collection and recovery of the death victim's personal effects and items of evidence, decontamination of remains and personal effects.
- 6) Work with the Mississippi Department of Mental Health and MEMA to develop accurate and appropriate community education, public service announcements and other key messages that include notification of an expectation of death at home.
- 7) Coordinate communications with healthcare organizations and other stakeholders consistent with Section II.O of this annex.
- 8) Develop a computerized, web-based death registry system.

B. Mississippi Emergency Management Agency

- 1) Collaborate with Tribal Health Organizations and Tribal leaders on mass fatality planning.
- 2) Collaborate with the Mississippi Department of Mental Health to develop accurate and appropriate community education, public service announcements and other key messages that include notification of an expectation of death at home.

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- C. Mississippi Hospital Association
Assist hospitals with planning and training for developing hospital mass fatality management annexes to their Emergency Operations Plans.
- D. University of Mississippi Medical Center and Other Hospitals
 - 1) Develop mass fatality management plans for pandemic influenza.
 - 2) Identify resources to support regional fatality identification and management operations.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi State Department of Health
 - 1) Activate and coordinate mortuary services assistance and equipment.
 - 2) Provide mental health support for emergency responders and other professionals involved in mortuary response/recovery effort.
 - 3) Provide assistance to MMRT Operations, and report information requested by MEMA and the Office of the Governor with the specific approval of the local coroner/medical examiner.
 - 4) Coordinate emergency mortuary services.
 - 5) Facilitate the identification of victims in emergency mortuary services in coordination with the county coroner/medical examiner.
 - 6) Coordinate the provision of available fatality management supplies to local authorities.
 - 7) Communicate recommendations for infection control and prevention as new information becomes available.
 - 8) Coordinate MMRT deployment and the MSDH Mass Fatality Task Force.
 - 9) Provide immediate mass fatality personnel, equipment and supply support.
 - 10) Operate one mass fatality support trailer with suitable tow vehicle and have a portable mortuary cooling system in each of the nine MMRT regions.
 - 11) Provide mass fatality surge capacity enhancement to Mississippi hospitals.
 - 12) Provide technical support to a damaged local mortuary facility or cemetery.
 - 13) Establish the official death count for the state for each operational period.
- B. Mississippi Dental Association
Assist the local coroner/medical examiner by providing forensic dental assistance in identifying deceased persons.
- C. Mississippi Department of Public Safety
 - 1) Provide personnel as requested to serve on the ESF-8 State Mortuary Operations Response Team.
 - 2) Allocate appropriate assets to assist with the following:
 - a. Assist in missing persons and human remains identification via the Mississippi Bureau of Investigation.
 - b. Provide security support via the Mississippi Highway Patrol.
 - c. Provide forensic identification support via the Mississippi Crime Lab (MCL) and the Mississippi State Medical Examiner (MSME).
 - d. Provide search and recovery support via the Mississippi Bureau of Investigations Missing Persons Task Force.

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- D. Mississippi Emergency Management Agency
 - 1) After receiving a request for mortuary assistance and/or upon the proclamation a State of Emergency by the Governor, notify MSDH (ESF-8).
 - 2) Seek federal assistance when available state resources are overwhelmed in fulfilling existing mortuary needs as requested by ESF-8.
 - 3) Coordinate resources to assist local government in the care and handling of the deceased.
- E. Mississippi Funeral Directors Association
 - 1) Support MMRT response operations as needed.
 - 2) Provide volunteers to support response operations through the VIPR system as needed.
- F. Mississippi Funeral Directors and Morticians Association
 - 1) Support MMRT response operations as needed.
 - 2) Provide volunteers to support response operations through the VIPR system as needed.
- G. Mississippi Hospital Association

Provide assistance to hospitals to ensure activation and execution of their mass fatality management annex.
- H. Mississippi State Board of Funeral Service
 - 1) In coordination with MSDH, support the VIPR system to accept and credential volunteers activated to support funeral service operations.
 - 2) Re-activate inactive licensees as necessary.
 - 3) Provide temporary licensing of trainees/students to assist with mortuary services.
- I. Mississippi State Office of the Medical Examiners
 - 1) Track deceased human remains using the Victim Identification Program (VIP) computer software and the Radio Frequency Identification System (RFID).
 - 2) Assure that all deaths which affect the public interest are properly investigated and reported in the prescribed time frame and manner so as to protect the decedent, as mandated in the Mississippi Code subsection 41-61-63.
 - 3) Operate a mass fatality field forensic response trailer that is capable of performing autopsies in the field if needed.
- J. University of Mississippi Medical Center and Other Hospitals
 - 1) Activate mass fatality management plans including facility Family Assistance Centers and mechanisms for supporting patients and their families.
 - 2) Coordinate with ESF 8 and MSDH to support state fatality identification and management as appropriate.

3. Post-Pandemic Recovery Tasks and Responsibilities

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- A. Mississippi State Department of Public Health
 - 1) Deactivate mass fatality emergency plans and MMRT Teams.
 - 2) Evaluate overall success of response activities with assistance from partner agencies, and submit this data for inclusion in an After Action Report (AAR).
 - 3) Revise ESF-8 mass fatality plan as required.
 - 4) With assistance from partner agencies, evaluate the overall success of response activities, and submit this data for an AAR.
 - 5) Determine what measures can be taken to improve the availability of mortuary supplies and equipment.
 - 6) Reassess the ability to improve the deployment of mortuary support human and other needed resources.
 - 7) Assess the initiation of the Family Assistance Center (FAC) along with the management of deceased human remains with special attention to ante- and post-mortem information and personal effects.
- B. University of Mississippi Medical Center and Other Hospitals
 - 1) Deactivate mass fatality emergency plans.
 - 2) Ensure the re-supply of facility fatality management supplies.
 - 3) Deactivate mass-fatality management plans as appropriate.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
 - None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 1, Transportation, Annex
 - b) ESF 8, Public Health and Medical Services, Annex
 - c) ESF 13, Public Safety and Security, Annex
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi State Department of Health
 - a) All Hazard Mass Fatality Response Plan
 - b) Concept of Operations Plan
 - c) Death Registry System (under development)
 - d) Hospital Mass Fatality Template – Mass Fatality Annex
 - e) Metropolitan Medical Response Team (MMRT) Field Operations Guide (Draft)
 - f) Victim Identification Program (VIP) Software Protocol
 - g) Volunteer in Preparedness (ViPR) System
 - h) Mississippi Mass Casualty Conference, May 13-14, 2009
 - i) 2nd Annual Mass Fatality Conference, May 8, 2010
- D. Mississippi law (statutory and regulatory references)
 - None submitted
- E. Memoranda of understanding and agreements
 - None submitted

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- F. Federal and external laws, plans, guidance and reports
None submitted

Section II.O

Ensure Communication Capability during each Phase of a Pandemic

Coordinating Emergency Support Function

ESF 2 – Communications Response Annex (for communication infrastructure)

ESF 15 – External Affairs (for information coordination)

Primary Agency

Mississippi Emergency Management Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Department of Agriculture and Commerce

Mississippi Department of Information Technology Services

Mississippi Public Broadcasting

Communication among stakeholders and the public during a pandemic influenza (PI) response is a critical function that is relevant in supporting all aspects of the response. This section seeks to build upon the structures that already exist within the individual agencies/organizations as well as those outlined in the state's Comprehensive Emergency Management Plan (CEMP) and to add the specific elements that are relevant to their implementation during Pandemic Influenza.

Upon recognition of a health emergency, the Mississippi State Department of Health (MSDH) will notify the Mississippi Emergency Management Agency (MEMA) and the Mississippi Governor's Office of the emergency. A call down list internal to MSDH will be activated. A call down list of other agencies will be activated by MEMA. If necessary, the MSDH Health Alert Network (HAN) will also be utilized. MSDH's HAN includes all Mississippi media and over 6,000 hospitals, physicians and first emergency responders.

During a PI, all information will be cleared by the MSDH Director of Communications and the State Health Officer or designee prior to public release.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Maintain updated lists of media contacts.
- 2) Maintain the ESF 15 annex and supporting documentation and resources.
- 3) Support the communication of relevant PI updates through Situation Reports and through the ECO structure.

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- 4) Develop/maintain plans to coordinate the management of two-way communications systems with the Mississippi Department of Information Technology Services, Wireless Communications Commission and Mississippi Department of Public Safety as well as end-user agencies and organizations consistent with the ESF 2 Annex in the CEMP.
- B. Mississippi State Department of Health
- 1) Maintain access to Public Health Information Network (PHIN) compliant communication systems.
 - 2) Maintain updated lists of media contacts.
 - 3) Develop/maintain public information template materials on Pandemic Influenza.
 - 4) Develop/maintain public information materials on disease mitigation strategies including prophylaxis, treatment and community mitigation strategies.
 - 5) Develop multi-lingual versions of public information templates.
 - 6) Develop strategies to ensure that populations with special needs are reached with public information.
 - 7) Maintain contact information for special needs populations (SNP) service delivery/coordinating organizations.
 - 8) Author and distribute information about MSDH events and emergency preparation information to identified stakeholders.
 - 9) Provide relevant pandemic information into daily situation reports through the Emergency Coordinating Officer (ECO) structure coordinated by the Mississippi Emergency Management Agency (MEMA).
- C. Mississippi Department of Agriculture and Commerce
Maintain plans to communicate essential agriculture and nutrition assistance information to stakeholders during a pandemic.
- D. Mississippi Department of Information Technology Services
Develop/maintain plans to ensure sufficient functionality and capacity of technology based information systems.
- E. Mississippi Public Broadcasting
Assist and support the development and maintenance of plans to support public information strategies.
- F. All Agencies/Organizations
- 1) Maintain internal and external emergency risk communication plans.
 - 2) Monitor MEMA Situation Reports daily for information indicating a potential need for a heightened state of preparedness.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi Emergency Management Agency
- 1) Coordinate the functionality of two-way communications systems with the Mississippi Department of Information Technology Services, Wireless Communications Commission and Mississippi Department of Public Safety as well as end-user agencies and organizations consistent with the ESF 2 Annex in the CEMP.
 - 2) Support stakeholder coordination through ESF 15.

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- 3) Establish a Joint Information Center for the coordination of public information (if needed).
- 4) Coordinate public information dissemination via ESF 15 and the JIC as outlined in the CEMP.

B. Mississippi State Department of Health

- 1) Monitor guidance from the CDC, WHO and other health organizations to ensure that communication contain the most up-to-date information.
- 2) Identify appropriate methods for disseminating information to the public and stakeholders. Methods may include the following in multiple languages:
 - a. E-mail.
 - b. Fax.
 - c. Health Alert Network.
 - d. Brochures.
 - e. Public Service Announcements.
 - f. Press Releases.
- 3) Ensure the use of PHIN compliant systems when necessary.
- 4) Identify appropriate subject matter experts to address questions from the media and stakeholders.
- 5) Establish a 24/7 hotline (if necessary) in multiple languages to respond to questions from the public and professional groups.
- 6) Serve as the lead agency for coordinating public information. Execute strategies to reach populations with special needs and populations that traditional public information strategies may not reach.
- 7) Serve as the lead agency for the release of public information.
 - a. Maintain an information center at MSDH, and integrate with the Joint Information Center (JIC) if activated.
 - b. Ensure the State Health Officer or designee serves as lead spokesperson for public information.
 - c. Approve the release of public information through the existing communications structure with final approval to be provided by the State Health Officer or designee.
- 8) Authorize dissemination of PI information to internal stakeholders and cooperating federal agencies through the ESF 15 structure (if activated).
- 9) In coordination with the Mississippi Department of Transportation, provide information to support infection control on transportation systems.
- 10) Issue transportation travel advisories including:
 - a. Advisories discouraging non-essential travel.
 - b. Information on how to appropriately reduce disease exposure/transmission on transportation systems.
 - c. Providing guidance to transportation agencies/companies on the latest pandemic information to display to passengers on transportation systems.
 - d. Information on when the potential pandemic wave is over and infection control strategies can be scaled back as well as the potential to reinstate these strategies in the event of a subsequent wave of illness.
- 11) Serve as the lead agency in the ESF 15 structure (if activated).

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- 12) Prior to a declared State of Emergency, coordinate targeted briefings with State agencies and stakeholders as needed.
 - a. Request briefings with State agencies and stakeholders.
 - b. Respond to requests for targeted briefings with State agencies and stakeholders.
 - c. Request coordination assistance from MEMA as needed.
 - 13) Provide situational updates through the MEMA Situations Reports and Emergency Coordinating Officers.
 - 14) Update the public information hotline, and brief the staff on recent news and information to be shared with the public.
 - 15) Develop press releases, amending pre-prepared templates and other risk communication materials and coordinating their approval and release.
 - 16) Insert pre-prepared pandemic influenza and emergency preparedness pages to the agency website, and continually update information.
 - 17) Coordinate Community Health Information Officers (Central Office, District and County staff) to distribute health risk information by means other than the media to the community (e.g., flyers, community meetings).
 - 18) Operate a public information hotline.
 - 19) Ensure hotline staff are briefed regularly on recent news and information to be shared with the public.
- C. Mississippi Department of Agriculture and Commerce
Communicate essential agriculture and nutrition assistance information to stakeholders during a pandemic.
- D. Mississippi Department of Information Technology Services
 - 1) Ensure sufficient functionality and capacity of information technology based communications systems.
 - 2) Ensure information technology resources are procured/allocated to support response operations.
- E. Mississippi Public Broadcasting
Support the delivery of public information as requested.
- F. All Agencies/Organizations
 - 1) Coordinate public information activities through the Joint Information Center at MEMA (if activated).
 - 2) Communicate updated information to internal staff according to existing policies/procedures.

3. Pandemic Recovery Tasks and Responsibilities

- A. Mississippi Emergency Management Agency
Coordinate the deactivation of the JIC and ESF 2 and 15.
- B. Mississippi State Department of Health
 - 1) Continue to serve as the lead agency for the coordination and release of public information.
 - 2) Continue to coordinate the sharing of information among stakeholders.
 - 3) Continue all response activities identified above until deemed no longer necessary.

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- 4) Communicate with the public about the lifting of community disease mitigation measures. Communicate the potential for subsequent waves of illness and the need to re-institute control measures if necessary.
 - 5) In coordination with the Mississippi Department of Transportation, communicate information when the potential pandemic wave is over and the ability to scale back infection control strategies as well as the potential to reinstate these strategies in the event of a subsequent wave of illness.
 - 6) Provide guidance to other agencies/organizations on staff returning to work.
- C. Mississippi Department of Agriculture and Commerce
Communicate essential agriculture and nutrition assistance information to stakeholders during the recovery from a pandemic.
- D. Mississippi Department of Information Technology Services
Coordinate the reallocation of information technology resources to day-to-day use.
- E. Mississippi Public Broadcasting
Support recovery communications and transition to normal operations.
- F. All Agencies/Organizations
Communicate After Action Reviews, and communicate updated information to internal staff according to existing policies/procedures.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
Attachment II.O.a: Pandemic Influenza Stakeholder List
- B. State plans and procedures (statewide, multi-agency)
- 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 2, Communications, Annex
 - b) ESF 15, External Affairs, Annex
 - 2) State of Mississippi Technology Infrastructure and Architecture Plan
- C. Agency/department materials (agency or department-specific)
- 1) Mississippi Emergency Management Agency Contact List
 - 2) Mississippi State Department of Health
 - a) Contact Lists
 - b) Media Contact List
 - c) Pandemic Influenza Communications Material
 - d) Risk Communications Plan
 - i. Culturally appropriate material
 - i. Contact lists of additional subject matter experts outside MSDH
 - ii. Developing/disseminating information to the general public
 - e) Special Needs Population Contact List
 - f) Sample Weekly Update from Pandemic H1N1 (2009)
 - g) Operational Plan for Two Way Communication

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- D. Mississippi law (statutory and regulatory references)
Mississippi Executive Order No. 1022
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and external laws, plans, guidance and reports
None submitted

Section II.P

Mitigate the Impact of a Pandemic Influenza on Workers in the State

Coordinating Emergency Support Function

ESF 8 – Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Governor's Office
Mississippi Attorney General's Office
Mississippi Board of Nursing
Mississippi Board of Pharmacy
Mississippi Board of Trustees of State Institutions of Higher Learning
Mississippi Commission for Volunteer Service
Mississippi Department of Agriculture and Commerce
Mississippi Department of Banking and Consumer Finance
Mississippi Department of Employment Security
Mississippi Department of Human Services
Mississippi Department of Information Technology Services
Mississippi Department of Mental Health
Mississippi Department of Public Safety - Office of Homeland Security
Mississippi Development Authority
Mississippi Division of Medicaid
Mississippi Economic Council
Mississippi Emergency Management Agency
Mississippi Insurance Department
Mississippi Manufacturer's Association
Mississippi Public Broadcasting
Mississippi Public Service Commission
Mississippi State Board of Community and Junior Colleges
Mississippi State Board of Medical Licensure
Mississippi State University Extension Service
Mississippi MS Dept. of Revenue
Mississippi Workers Compensation Commission
University of MS Medical Center and other state hospitals

Mitigating the impacts of a pandemic influenza on workers throughout the state of Mississippi requires action and support from agencies throughout state government. Each agency and department that engages the private sector and other aspects of Mississippi communities and commerce are expected to evaluate how they can share pandemic prevention and preparedness information with their constituents and how they can assist them in responding to protect worker health and safety during a pandemic event.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Gather information regarding programs available to assist workers impacted by pandemic influenza, including unemployed workers.
- 2) Coordinate pandemic planning, including evaluation of likely economic impact to families related to work absenteeism and interruption and potential disruption to all employers, including businesses and governmental agencies.
- 3) Compile information from other state agencies regarding worker assistance programs and policies, and include in information provided to the public and to employers through various means.
- 4) Serve as a resource throughout the state for information and education on pandemic influenza, non-pharmaceutical interventions and vaccination guidance.

B. Mississippi Governor's Office

Engage cabinet officials and state agencies in reviewing state programs that may be used to assist workers throughout the state in a pandemic.

C. Mississippi Attorney General's Office

Provide support through agency counsel to review state programs and laws that may be useful in assisting workers in a pandemic. Make recommendations to respective agencies and to the Attorney General where laws or programs need to be revised to provide appropriate assistance to workers in a pandemic.

D. Mississippi Board of Nursing

Consistent with MSDH guidance and statements, reinforce disease prevention information to licensees and other constituents.

E. Mississippi Board of Pharmacy

Consistent with MSDH guidance and statements, reinforce disease prevention information to licensees and other constituents.

F. Mississippi Board of Trustees of State Institutions of Higher Learning

Coordinate with MSDH to provide information and education to the public and to employers about disease prevention in the workplace and about programs available to assist employers and workers in a pandemic.

G. Mississippi Commission for Volunteer Service

- 1) Review volunteer service programs to determine how pandemic influenza may increase need for volunteer coordination, particularly as related to public outreach and public health activities.
- 2) Provide mechanisms to coordinate volunteer services in a pandemic.

H. Mississippi Department of Agriculture and Commerce

- 1) Disseminate information regarding workplace disease prevention and assistance available for workers to regulated entities and other constituents throughout the state.
- 2) Discuss with agency constituents pandemic plans and workforce issues and unemployment assistance related to pandemic influenza.

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- I. Mississippi Department of Banking and Consumer Finance
Disseminate information regarding workplace disease prevention and assistance available for workers to regulated entities and other constituents throughout the state.
- J. Mississippi Department of Employment Security
 - 1) Evaluate state and federal programs that may be available to assist state residents, particularly unemployed individuals, in a pandemic, such as family and medical leave laws and unemployment insurance, including eligibility and program triggers. Provide updated resource list to MSDH for inclusion in information to the public.
 - 2) Recommend to the Office of the Governor any revisions to employment security programs that may be needed to protect and support workers in a pandemic.
 - 3) Evaluate means of communicating and coordinating with employers regarding available workforce in a pandemic.
 - 4) Determine impact of a pandemic on state capabilities to provide assistance program services or benefits (see also Section II.A).
- K. Mississippi Department of Human Services
 - 1) Evaluate state and federal assistance programs that may be available through MDHS to assist state residents, particularly unemployed individuals, in a pandemic, including eligibility and triggers for programs. Provide updated resource list to MSDH for inclusion in information to the public.
 - 2) Determine if eligibility criteria for assistance programs need to be adjusted to be responsive to the needs of workers in a pandemic. If revisions are needed, determine requirements for effectuating revisions (e.g., rule change needed).
 - 3) Determine the impact of a pandemic on state capabilities to provide assistance program services or benefits (see also Section II.A).
- L. Mississippi Department of Mental Health
 - 1) Evaluate availability of social and psychological support needs and programs available for workers and students in the state.
 - 2) Maintain and provide to MSDH a current list of programs available throughout the state that are available, including those of community and non-profit organizations, to support psychological and social needs of workers and students impacted in a pandemic influenza event.
- M. Mississippi Department of Information Technology Services
Work with other state agencies to identify capabilities and increased capacity that may be needed to administer worker assistance programs in a pandemic, including potential need for remote operations, telephone capabilities and application processing.
- N. Mississippi Department of Public Safety - Office of Homeland Security
Disseminate information regarding workplace disease prevention and assistance available for workers in critical infrastructure entities and other constituents throughout the state.

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- O. Mississippi Development Authority
 - 1) Review and identify programs that may provide assistance or support in a pandemic, including training, workforce coordination and continuity planning.
 - 2) Disseminate pandemic awareness and continuity planning information to Mississippi Development Authority constituents.
- P. Mississippi Division of Medicaid
 - 1) Evaluate Medicaid and related health insurance programs that may be available to assist state residents, particularly unemployed individuals, in a pandemic. Communicate information on program eligibility, flexibilities available and modifications needed to respond to a pandemic.
 - 2) Determine the impact of a pandemic on state capabilities to provide program services or benefits (see also Section II.A).
- Q. Mississippi Economic Council
 - 1) Disseminate pandemic awareness and continuity planning information to Mississippi Economic Council members and constituents.
 - 2) Evaluate potential member/constituent information and workforce needs in a pandemic, and communicate issues to appropriate state agency partners.
- R. Mississippi Emergency Management Agency

Provide information and guidance on business continuity planning to employers throughout the state.
- S. Mississippi Insurance Department

Evaluate the healthcare insurance market and regulatory structure in Mississippi to identify potential issues that may arise in a pandemic and to evaluate if requirements can and should be adjusted to accommodate workers' needs in a pandemic.
- T. Mississippi Manufacturers Association
 - 1) Disseminate pandemic awareness and continuity planning information to Mississippi Manufacturers Association members and constituents.
 - 2) Evaluate potential member/constituent information and workforce needs in a pandemic, and communicate issues to appropriate state agency partners.
- U. Mississippi Public Broadcasting

Coordinate with MSDH to provide information to the public about disease prevention in the workplace and about programs available to assist employers and workers in a pandemic.
- V. Mississippi Public Service Commission

Disseminate information regarding workplace disease prevention and assistance available for workers to regulated utilities and other constituents throughout the state.
- W. Mississippi State Board of Community and Junior Colleges

Coordinate with MSDH to provide information and education to the public and to employers about disease prevention in the workplace and about programs available to assist employers and workers in a pandemic.
- X. Mississippi State Board of Medical Licensure

Consistent with MSDH guidance and statements, reinforce disease prevention information to licensees and other constituents.

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Y. Mississippi State University Extension Service

Coordinate with MSDH to provide information and education to the public and to employers about disease prevention in the workplace and about programs available to assist employers and workers in a pandemic.

Z. Mississippi MS Dept. of Revenue

Determine potential need and authorities for flexibility or adjustments in tax filing and tax collection deadlines in a pandemic. Pursue law or regulation modifications, if needed, for revisions to authorities.

AA. Mississippi Workers Compensation Commission

- 1) Determine applicability of workers compensation benefits and related programs in a pandemic, and provide information for dissemination to employers and workers throughout state.
- 2) Determine need and authorities for modified or flexible eligibility criteria for assistance and support programs to be responsive to the needs of workers in a pandemic.

BB. University of MS Medical Center and other State Hospitals

- 1) Coordinate with MSDH to provide information and education to the public and to employers about disease prevention in the workplace and about programs available to assist employers and workers in a pandemic.
- 2) Serve as a resource in their respective areas for information, training and education on pandemic influenza and social distancing.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Implement the communications with stakeholders consistent with Section II.O of this Annex.
- 2) Release disease prevention and response information to employers throughout the state and to the public through ESF 15, via or in consultation with the MSDH Public Information Officer (PIO). When possible, a recognized spokesperson from the public health and medical community delivers relevant community messages.
- 3) Through public health offices, serve as a resource for information and education on pandemic influenza, social distancing and disinfection procedures.

B. Mississippi Office of the Governor

Implement emergency authorities as needed to provide assistance to workers throughout state in a pandemic event.

C. Mississippi Board of Nursing

- 1) Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to licensees and other constituents.
- 2) Provide information to licensees regarding programs available to assist workers impacted by pandemic influenza.

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- D. Mississippi Board of Pharmacy
 - 1) Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to licensees and other constituents.
 - 2) Provide information to licensees regarding programs available to assist workers impacted by pandemic influenza.
- E. Mississippi Commission for Volunteer Service
 - Provide to MEMA information about volunteers available to perform public health and support roles in support of pandemic response.
- F. Mississippi Department of Employment Security
 - 1) Implement programs to assist workers, including unemployment benefits and placement services.
 - 2) Provide information to employers about available workers in a pandemic.
- G. Mississippi Department of Human Services
 - 1) Implement modified or flexible eligibility criteria if available and needed for assistance and support programs to be responsive to the needs of workers in a pandemic.
 - 2) Provide information about availability of state and federal programs that can assist state residents, particularly unemployed individuals, in a pandemic, such as food stamps and other assistance programs.
 - 3) Provide for continuity of assistance programs during a pandemic.
- H. Mississippi Department of Information Technology Services
 - 1) Provide for and support increased information technology capacity needs for eligibility determination, processing and administration of assistance programs in a pandemic.
 - 2) Support ongoing and updated electronic dissemination of information regarding pandemic status, disease prevention and vaccination programs and availability.
- I. Mississippi Department of Public Safety - Office of Homeland Security
 - Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to critical infrastructure sites and employees.
- J. Mississippi Development Authority
 - 1) Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to members and constituents throughout the state.
 - 2) Update state agency partners regarding employer, worker and constituent needs related to pandemic impacts.
- K. Mississippi Division of Medicaid
 - 1) Continue state operation and administration of Medicaid and related programs to assist state residents, particularly unemployed individuals, in a pandemic.
 - 2) Implement eligibility flexibilities, if available and needed, for Medicaid and healthcare assistance coverage in a pandemic.

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- L. Mississippi Economic Council
 - 1) Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to members and constituents throughout the state.
 - 2) Update state agency partners regarding employer, worker and constituent trends and needs related to pandemic impacts.
- M. Mississippi Emergency Management Agency

Support and coordinate, through ESF 15, provision of information to workers and employers on current pandemic status, disease prevention and assistance programs available to workers and unemployed workers.
- N. Mississippi Institutions of Higher Learning

Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to workers and employers in their respective communities.
- O. Mississippi Insurance Department
 - 1) Provide information to MSDH and to the public regarding health insurance consumer rights and complaint mechanisms.
 - 2) Review health insurance performance and complaint trends associated with potential increased claims associated with pandemic.
- P. Mississippi Manufacturers Association

Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to members and constituents throughout the state.
- Q. Mississippi Public Broadcasting

Disseminate updated pandemic influenza response and disease prevention information from MSDH and ESF 15 to the public.
- R. Mississippi State Board of Community and Junior Colleges

Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to workers and employers in their respective communities.
- S. Mississippi State Board of Medical Licensure
 - 1) Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to licensees and other constituents.
 - 2) Provide information to licensees regarding programs available to assist workers impacted by pandemic influenza.
- T. Mississippi MS Dept. of Revenue

Implement provisions for modified tax filings and tax collections, as needed.
- U. Mississippi Workers Compensation Commission
 - 1) Consistent with MSDH guidance and ESF 15 statements, disseminate updated pandemic influenza response and disease prevention information to workers and employers.

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- 2) Disseminate information regarding applicability of and eligibility for workers compensation benefits in a pandemic.
- 3) Implement modified or flexible processing procedures and/or eligibility criteria if available and needed for assistance and support programs to be responsive to the needs of workers in a pandemic.

V. University of MS Medical Center and other state hospitals

Serve as a resource in their respective areas for information and education on pandemic influenza, social distancing and disinfection procedures.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi State Department of Health

Coordinate evaluation of pandemic influenza impacts and corrective actions for improvement of procedures and programs for protection of workers in the state in future pandemic incidents.

B. Mississippi Governor's Office

Evaluate performance of State-administered worker assistance and support programs in pandemic event, and establish actions and responsibilities to prepare for next pandemic wave.

C. Mississippi Department of Employment Security

Evaluate impacts and deficiencies of employment compensation and related programs in assisting workers in the state, and recommend improvement in preparation for next pandemic wave.

D. Mississippi Department of Human Services

Evaluate impacts and deficiencies of assistance and related programs in assisting workers in the state, and recommend improvements in preparation for next pandemic wave.

E. Mississippi Department of Information Technology Services

Evaluate information technology resource performance in supporting agencies and programs providing services to workers in the state in a pandemic.

F. Mississippi Economic Council

Evaluate with constituents the impact of pandemic on employers and workforce in the state, and report to state agency partners, including recommendations for assistance program improvements.

G. Mississippi Emergency Management Agency

Support evaluation of pandemic influenza impacts and corrective actions for improvement of procedures and programs for protection of workers in the state in future pandemic incidents.

H. Mississippi Manufacturers Association

Evaluate with constituents the impact of pandemic on employers and workforce in the state, and report to state agency partners, including recommendations for assistance program improvements.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 8, Public Health and Medical Services, Annex
 - b) ESF 14, Long-Term Recovery and Mitigation, Annex
 - c) ESF 15, External Communications, Annex
 - 2) Mississippi Critical Infrastructure Program
- C. Agency/department materials (agency or department-specific)
None submitted
- D. Mississippi law (statutory and regulatory references)
Rules of the Mississippi Workers Compensation Commission
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
Family and Medical Leave Act (FMLA), 29 U.S.C. Sections 2601-2654

Section II.Q

Understand Official Communication Mechanisms for Foreign Missions, International Organizations and their Members in the U.S.

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Emergency Management Agency

Supporting Agencies and Organizations

Mississippi Band of Choctaw Indians
Mississippi Board of Trustees of State Institution of Higher Learning
Mississippi Department of Education
Mississippi Department of Human Services
Mississippi Office of the Governor
Mississippi State Department of Health

The purpose of this section is to provide an understanding of the communication protocols for Foreign Missions and International Organizations in the state of Mississippi. The official communication protocol is the responsibility of the United States Department of State. This is explained in Attachment II.Q.a. Attachment II.Q.b is the formal Accord between the Executive Branches of the Mississippi Band of Choctaw Indians and the State of Mississippi. Additionally, this Annex will also identify the responsible organization and party who is charged with the distribution of the public message to these organizations regarding pandemic influenza (PI).

The following Foreign Missions are currently in the state of Mississippi.

France	4400 Old Canton Road Suite 400 Jackson, MS 39211 (601) 914-5236 fax: (601) 969-1116
Germany	49 Eastbrook Street Jackson, MS 39216 (601) 354-8283 fax: (601) 982-0608
Turkey	1000 Red Fern Place Flowood, MS 39232 (601) 936-3666

1. Prevention and Preparedness Tasks and Responsibilities

- A. Mississippi Emergency Management Agency
 - 1) Lead Agency for ESF-15, External Affairs.
 - 2) Provide protective action and safety recommendations.
 - 3) Ensure the development and maintenance of a comprehensive training and exercise program.
- B. Mississippi Office of the Governor
 - 1) The federal Department of Health and Human Services (HHS) Office of Intergovernmental Affairs will send guidance to the Governors' health policy advisors and other key state, local and tribal officials, as well as national organizations representing governors, state legislators and state and local health officials, and tribal leaders.
 - 2) Maintain communications with federal Departments of State (DOS) and HHS to keep current on information being passed to foreign missions and tribal leaders from federal agencies.
 - 3) Maintain liaison with HHS Office of Intergovernmental Affairs.
- C. Mississippi Band of Choctaw Indians (*Refer to Attachment II.Q.b*)
- D. Mississippi State Department of Health
 - 1) Conduct impact assessments for Pandemic Influenza (PI).
 - 2) Lead state agency for technical response.
 - 3) Manage information needed to support PI operations that includes incident management plan and development of response and recovery strategies.
 - 4) Authorize dissemination of PI information to external media, internal stakeholders, cooperating state, federal agencies, federal missions and international organizations located in the state.
 - 5) Provide emergency preparatory information to the general public, Foreign Missions and International Organizations regarding pandemic influenza protective measures, preparedness steps and supplies.
 - 6) Mississippi has established guidelines for the sharing of information and the provision of guidance between the State and Foreign Missions and International Organizations during emergencies, including a pandemic influenza. This is coordinated by the Division Director, Emergency Preparedness, Office of Communications, Mississippi State Department of Health.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi Emergency Management Agency
 - 1) Lead Agency for ESF 15: External Affairs
 - 2) Coordinate state and local assets to assist state and local officials in operations required for a Pandemic Influenza response.
 - 3) Coordinate public information dissemination via the Joint Information Center.
 - 4) Provide for overall coordination of state and federal emergency response activities.
 - 5) Make protective action and safety recommendations.
 - 6) Activate the State Emergency Operations Center (SEOC).

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- 7) Assist the Mississippi State Department of Health as requested in the allocation and use of resources.
 - 8) Request federal assistance, if needed.
 - 9) Monitor and evaluate entire incident.
 - 10) Coordinate and provide State telecommunications support to State and local pandemic response elements.
- B. Mississippi Governor's Office
- 1) Continue to maintain communications with DOS and HHS to keep current on information being passed to foreign missions and tribal leaders from federal agencies.
 - 2) Maintain liaison with HHS Office of Intergovernmental Affairs.
- C. Mississippi Band of Choctaw Indians (*Refer to Attachment II.Q.b*)
- D. Mississippi Board of Trustees of State Institution of Higher Learning
Provide multilingual support if available.
- E. Mississippi State Department of Health
- 1) Conduct impact assessments for Pandemic Influenza.
 - 2) Serve as the lead state agency for technical response.
 - 3) Manage information needed to support Pandemic Influenza operations that includes an incident management plan and development of response and recovery strategies.
 - 4) Authorize dissemination of Pandemic Influenza information to external media, internal stakeholders, cooperating state, federal agencies, federal missions and international organizations located in the state.
 - 5) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.
- F. Mississippi Department of Human Services
- 1) Coordinate efforts to provide basic human needs following PI.
 - 2) Coordinate plans and actions with MEMA and agencies having similar tasks and responsibilities.

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi Emergency Management Agency
- 1) The lead agency for coordination of state agencies and departments for PI lessons learned and after action reports.
 - 2) Reconstitute supplies expended during the PI and prepare for another wave.
- B. Mississippi Governor's Office
- 1) Continue to maintain communications with DOS and HHS to keep current on information being passed to foreign missions and tribal leaders from federal agencies.
 - 2) Maintain liaison with HHS Office of Intergovernmental Affairs.
- C. Mississippi Band of Choctaw Indians (*Refer to Attachment II.Q.b*)

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- D. Mississippi State Department of Health
- 1) Provide lessons learned input to MEMA.
 - 2) Reconstitute supplies expended during the PI and prepare for another wave.
 - 3) Continue to disseminate PI information to external media, internal stakeholders, cooperating state agencies, federal agencies, federal missions and international organizations located in the State.

4. Supporting Capabilities, Programs and Policies

- A. Attachments
- 1) Attachment II.Q.a: Official Communication Record
 - 2) Attachment II.Q.b: Official Accord
- B. State plans and procedures (statewide, multi-agency)
- 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) ESF 8, Public Health and Medical Services, Annex
 - b) ESF 15, External Communications, Annex
- C. Agency/department materials (agency or department-specific)
- None submitted
- D. Mississippi law (statutory and regulatory references)
- None submitted
- E. Memoranda of understanding and agreements
- None submitted
- F. Federal and other laws, plans, guidance and reports
- Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans, Appendix B-11

Section II.R/S

Integrate EMS, 911 and Public Safety Answering Points into Pandemic Preparedness

Coordinating Emergency Support Function

ESF 8 – Public Health and Medical Services (EMS Operations)

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Emergency Management Agency

Mississippi Department of Transportation

Mississippi Department of Public Safety

Mississippi Wireless Communications Commission

This section provides guidance on integrating EMS, 911, and Public Safety and Security (PSAP) services into a comprehensive effort to prepare for, respond to, and recover from Pandemic Influenza (PI). The Mississippi State Health Department has adopted the U.S. Department of Transportation's *EMS Pandemic Influenza Guidelines, and Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points*. EMS, 911, and PSAP services play a pivotal role in the identification, preliminary treatment, and induction of patients into the healthcare system. As the front line for healthcare provision, these support services will play a critical role in successfully responding to a Pandemic Influenza event.

A statewide board oversees the PSAP system in Mississippi; however, operationally, it is decentralized throughout the state. Key lines of communication were determined and integrated into the tasks in this sub-section, including the Mississippi Justice Information Center and the relationship between PSAPs and EMS. As a result of the close linkage between EMS and the PSAPs in Mississippi, operational objectives R and S were combined. This leads to some additional responsibility of the EMS system to provide and disseminate information to PSAPs. The assumption of the planning team is that creating a stronger linkage between EMS and PSAPS in the information dissemination portion of response operations, the intent of the CDC guidance will be met by ultimately reducing the net drain on EMS resources through improved information coordination at the point of contact with the public, leading to less transports and unnecessary deployment of EMS assets in the field. It is the opinion of the Mississippi Pandemic Influenza Steering Committee that this meets the intent of national guidance to the extent that is reasonable with the current and immediately modifiable operating structures of the state of Mississippi.

This section addresses a myriad of issues related to EMS, 911, and PSAP services during a Pandemic Influenza event to ensure full integration in preparation, response and recovery efforts related to a Pandemic Influenza event. This includes seventeen (17) specified tasks articulated by the CDC as critical enablers to effective EMS and 911 responses, as well as

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fourteen (14) specified tasks identified by the CDC as critical enablers to effective PSAP response during a pandemic.

1. Prevention and Preparedness Task and Responsibilities

A. Mississippi State Department of Health

- 1) In coordination with the Mississippi Emergency Management Agency (MEMA), Mississippi Department of Public Safety (MDPS), and the Wireless Communications Commission (WCC), review the Integrated Communications Section II.O of this Annex to ensure that reliable and interoperable communications will be available to EMS, 911 services, Public Safety, Public Health, and healthcare organizations during a pandemic influenza event.
- 2) In coordination with the WCC and MEMA, the MSDH will: a) assure that information given through the State Medical Asset Resource Tracking Tool (SMARTT) system will reach all healthcare and healthcare-related entities throughout MS and; b) assure that the WCC is provided information received from SMARTT regarding the current status of the current incident as well as communication needs that have been identified at the local healthcare entity level.
- 3) In coordination with MEMA review State EMS operational logistics and manning requirements to ensure that EMS equipment, supplies, and manning are robust, redundant, and provide for flexible response to a Pandemic Influenza event.
- 4) In coordination with MDOT, MEMA, and MDPS review the Mississippi Department of Transportation Comprehensive Emergency Transportation Response Plan (CETRP) to ensure freedom of movement planning requirements for a Pandemic Influenza event are adequately addressed.
- 5) In coordination with MEMA and MDPS, ensure adequate tools and training are provided to comply with After Action Report/Lessons Learned Requirements delineated in Section I of this Annex.
- 6) Ensure that the Volunteers in Preparedness Registry (VIPR) program adequately addresses surge personnel requirements for EMS in response to a pandemic influenza.
- 7) In coordination with MEMA and MDPS, ensure that the Disaster Reservist Program adequately addresses surge personnel requirements for EMS, 911, and PSAP in response to a Pandemic Influenza.
- 8) Ensure that the Critical Incident Stress Management Program, supported by the Mississippi Crisis Response Network, has adequate resources to support the mental health needs of EMS workers and their families during a Pandemic Influenza event.
- 9) Ensure that the EMS Medical Director reviews EMS Pandemic Influenza planning and mitigation initiatives to ensure they will provide adequate emergency medical response capability during a Pandemic Influenza event.
- 10) In coordination with MEMA, review the Pandemic Influenza treatment and protocol dissemination and training directive to ensure that it remains current and meets distribution requirements.
- 11) Ensure the state has defined a process for providing just-in-time training for EMS agencies, EMS providers, and EMS medical directors.
- 12) In coordination with MEMA and MDPS, ensure that a statewide program of pre-pandemic training and exercise effectively prepares EMS, 911, and PSAP personnel for their roles in preparing for, mitigating and responding to Pandemic Influenza.

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13) Ensure the ongoing participation of EMS in disease surveillance activities.

B. Mississippi Emergency Management Agency

- 1) In accordance with the CEMP, establish the standards and policies for plan development that will integrate coordinated EMS response statewide (CEMP Section IV pg. 14).
- 2) In coordination with MSDH, MDPS, and the WCC; review the Integrated Communications Plan in Section II.O of this Annex to ensure that reliable and interoperable communications will be available to EMS, 911 services, Public Safety, Public Health, and Healthcare organizations during a Pandemic Influenza event.
- 3) In accordance with the CEMP, identify the requirements of the state and the political subdivisions thereof for resources of all kinds required in the event of an emergency.
- 4) In coordination with MSDH review state EMS operational logistics and manning requirements to ensure that EMS equipment, supplies, and manning are robust, redundant, and provide for flexible response to a Pandemic Influenza event.
- 5) In coordination with the WCC and MSDH, MEMA will assist MSDH to:
 - a. Assure that information given through the SMARTT system will reach all healthcare and healthcare-related entities throughout MS
 - b. Assure that the WCC is provided information received from SMARTT regarding the current status of the current incident as well as communication needs that have been identified at the local healthcare entity level.
- 6) In coordination with MDOT, MSDH, and MDPS review the CETRP to ensure freedom of movement planning requirements for a Pandemic Influenza event are adequately addressed.
- 7) In coordination with MSDH and MDPS, ensure adequate tools and training are provided to comply with After Action Report/Lessons Learned Requirements delineated in Section I of this Annex for EMS, 911, and PSAP services.
- 8) In coordination with MSDH and MDPS, ensure that the Disaster Reservists Program adequately addresses surge personnel requirements for EMS, 911, and PSAP in response to a Pandemic Influenza.
- 9) In coordination with MSDH and MDPS, ensure that a statewide program of pre-pandemic training and exercise effectively prepares EMS, 911, and PSAP personnel for their role in preparing for, mitigating and responding to Pandemic Influenza.

C. Mississippi Wireless Communications Commission

- 1) In accordance with the CEMP and Section 25-53-171, Mississippi Code of 1972, ensure critical personnel have effective communications services available in emergency situations (CEMP Section III.A.).
- 2) In coordination with MEMA and MSDH, the WCC will assist MSDH to: a) assure that information given through the SMARTT system will reach all healthcare and healthcare-related entities throughout MS and; b) assure that the WCC is provided information received from SMARTT regarding the current status of the current incident as well as communication needs that have been identified at the local healthcare entity level.
- 3) In coordination with MEMA, MDPS, and the MSDH review the Integrated Communications Section II. O of this Annex to ensure that reliable and interoperable communications will be available to EMS, 911 services, Public Safety, Public Health, and Healthcare organizations during a Pandemic Influenza event.

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D. Mississippi Department of Transportation

In coordination with MSDH, MEMA and MDPS, review the CETRP to ensure freedom of movement planning requirements for a Pandemic Influenza event are adequately addressed.

E. Mississippi Department of Public Safety

- 1) Maintain a comprehensive list, including contact information, of statewide PSAP and 911 services.
- 2) In coordination with MSDH and MEMA, ensure that a statewide program of pre-pandemic training and exercise effectively prepares EMS, 911, and PSAP personnel for their role in preparing for, mitigating and responding to Pandemic Influenza.
- 3) In coordination with MEMA, WCC, and the MSDH review the Integrated Communications Section II.O of this Annex to ensure that reliable and interoperable communications will be available to EMS, 911 services, Public Safety, Public Health, and Healthcare organizations during a PI event.
- 4) In coordination with MSDH, MEMA and MDOT, review the CETRP to ensure freedom of movement planning requirements for a Pandemic Influenza event are adequately addressed.
- 5) In coordination with MEMA and MSDH, ensure adequate tools and training are provided to comply with After Action Report/Lessons Learned Requirements delineated in Section I of this Annex.
- 6) In coordination with MSDH and MEMA, ensure that the Disaster Reservists Program adequately addresses surge personnel requirements for EMS, 911, and PSAP in response to a Pandemic Influenza.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi State Department of Health

- 1) Support execution of Integrated Communications Plan delineated in Section II. O of this Annex.
- 2) Activate VIPR personnel as necessary.
- 3) Ensure utilization of SMARTT.
- 4) In coordination with DPS and MEMA, support MDOT in the execution of the CETRP, as required.
- 5) Fulfill reporting requirements delineated in the CEMP, and in the Best Practices/Lessons Learned Program promulgated in Section I of this Annex.
- 6) Distribute EMS pre-hospital standard of care treatment, triage protocols, and provide appropriate just-in-time training as required.
- 7) Utilize the Critical Incident Stress Management Program, supported by the Mississippi Crisis Response Network as necessary to support the mental health needs of EMS workers and their families during a Pandemic Influenza event.
- 8) Ensure that EMS personnel comply with existing protocols relating to personal protective equipment, and quarantine related to mitigating the spread of infectious disease.
- 9) Operate a public information Pandemic Influenza Call Center. Ensure that support staff briefing material is current, and that the staff is regularly briefed on recent news and information that is to be shared with the public.
- 10) Ensure that DPS and MEMA are notified when the Pandemic Influenza Call Center is activated, and informed of the means by which it can be contacted.

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- 11) Ensure mechanisms are in place to distribute up to date protocols, procedures and just-in-time training.
- 12) In coordination with MEMA and MDPS, ensure community mitigation protocols established in Section II. I of this Annex are applied across the EMS, 911, and PSAP service provider population. This includes ensuring prioritization for vaccination (when available) and providing effective education and training for non-pharmaceutical mitigation strategies.
- 13) In coordination with MEMA and MDPS, activate Disaster Reservist Program personnel as necessary.

B. Mississippi Emergency Management Agency

- 1) Support execution of Integrated Communications Plan delineated in Section II.O.
- 2) In coordination with MSDH and MDPS, activate Disaster Reservist Program personnel as necessary.
- 3) In coordination with MSDH, ensure utilization of SMARTT.
- 4) In coordination with MDPS and MEMA, support MDOT in the execution of the CETRP, as required.
- 5) Fulfill reporting requirements delineated in the CEMP and in the Best Practices/Lessons Learned Program promulgated in Section I of this Annex.
- 6) In coordination with MSDH and MDPS, ensure community mitigation protocols established in Section II. I of this Annex are applied across the EMS, 911, and PSAP service provider population. This includes ensuring prioritization for vaccination (when available) and providing effective education and training for non-pharmaceutical mitigation strategies.

C. Mississippi Department of Transportation

- 1) Execute the CETRP in coordination with MDPS to ensure freedom of movement for EMS, 911, and PSAP personnel, as required.
- 2) Fulfill reporting requirements delineated in the CEMP and in the Best Practices/Lessons Learned Program promulgated in Section I of this Annex.

D. Mississippi Wireless Communications Commission

Support Integrated Communications Plan delineated in Annex O.

E. Mississippi Department of Public Safety

- 1) In coordination with MSDH and MEMA, support MDOT in the execution of the CETRP, as required.
- 2) Fulfill reporting requirements delineated in the CEMP and in the Best Practices/Lessons Learned Program promulgated in Section I of this Annex.
- 3) In coordination with MSDH and MEMA, activate Disaster Reservist Program personnel as necessary.
- 4) In coordination with MSDH and MEMA, ensure community mitigation protocols established in Section II. I of this Annex are applied across the EMS, 911, and PSAP service provider population. This includes ensuring prioritization for vaccination (when available) and providing effective education and training for non-pharmaceutical mitigation strategies.

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- 5) Upon notification of activation of the Pandemic Influenza Call Center, or the provision of updated pandemic information or status by MSDH, ensure that contact information for the Call Center and guidelines for providing that information to callers is disseminated to all 911 and PSAP services via the National Crime Information Center (NCIC) and the Mississippi Justice Information Center (MJIC).

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi State Department of Health
 - 1) Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I.
 - 2) Continue the Critical Incident Stress Management Program, supported by the Mississippi Crisis Response Network, as necessary to support the mental health needs of EMS workers and their families during a Pandemic Influenza event.
 - 3) With assistance from partner agencies, evaluate overall response activities and submit this data for inclusion in an After Action Report (AAR).
- B. Mississippi Emergency Management Agency

Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this Annex.
- C. Mississippi Department of Transportation

Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this Annex.
- D. Mississippi Wireless Communications Commission

Fulfill After Action Report/ Best Practices/Lessons Learned reporting requirements delineated in Section I of this Annex.
- E. Mississippi Department of Public Safety

Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this Annex.

4. Supporting Capabilities, Programs and Policies

- A. Attachments

None submitted
- B. State plans and procedures (statewide, multi-agency)

Mississippi Comprehensive Emergency Management Plan (CEMP)
- C. Agency/department materials (agency or department-specific)

Mississippi Department of Transportation Comprehensive Emergency Transportation Response Plan (CETRP)
- D. Mississippi law (statutory and regulatory references)
 - 1) §25-53-171, Mississippi Code of 1972, Wireless Communication Commission
 - 2) §33-15-1, et seq., Mississippi Code of 1972, Emergency Management Law

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- E. Memoranda of understanding and agreements
Mississippi State Mutual Aid Compact (SMAC)
- F. Federal and other laws, plans, guidance and reports
None submitted

Section II.T

Protect Citizens: Operating Readiness

Coordinating Emergency Support Function

ESF 8 – Public Health and Medical Services

Primary Agency

Mississippi State Department of Health

Supporting Agencies and Organizations

Mississippi Department of Public Safety – Office of Homeland Security

Mississippi Emergency Management Agency

In ensuring that this Annex is able to effectively support Pandemic Influenza preparedness, response and recovery activities, there is a need to test elements of the planning through exercises as well as real-world events.

The Mississippi State Department of Health (MSDH) is the lead agency for pandemic influenza preparedness. The Mississippi Department of Public Safety's Office of Homeland Security (MDPS-OHS) and the Mississippi Emergency Management Agency (MEMA) also have responsibilities for maintaining multi-year exercise programs that should include elements of testing pandemic influenza operational readiness.

The table below outlines elements of this Annex that have been tested through either exercises for real-world events as well as the impact it had on pandemic plans and protocols.

Operating Objective	Tested? (Y/N)	What was tested and why?	How did result improve the Operating Plan?
Ensuring continuity of operations of state agencies & continuity of state government.	Y		
Telework plans (test for capability for people, processes, and technology; ensure teleworkers have access to vital records, databases and other files, consistent with encryption protocols)	N		

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Operating Objective	Tested? (Y/N)	What was tested and why?	How did result improve the Operating Plan?
Communications plan and communications mechanisms	Y	All state agencies do communications call-down drills internally on a quarterly basis; statewide plan tested May 2008 during hurricane drill which included communications testing for command staff for all ESFs, 6 MS coastal counties and one supporting county	Information used to update the statewide communications plan.
Other plans from Appendix A.1 related to actions to be taken during a pandemic			
Public Health COOP	N		Plan updated 2010
Food Supply System	Y	Response to food supply contamination was tested June 2008 in collaboration with MSDH Food Safety Division, MSDH Office of Epidemiology, MS Dept of Agriculture and Commerce, USDA, and Board of Animal Health; coordination between agencies for response was tested.	AAR, IP/CAP pending
Uniform Military Services	Y	MS National Guard has held two tabletop exercises in 2007-8; MSDH representatives involved in TTX exercise	Enhanced coordination between National Guard and Public Health in pandemic influenza planning.

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Operating Objective	Tested? (Y/N)	What was tested and why?	How did result improve the Operating Plan?
Agriculture	Y	Response to food supply contamination was tested June 2008 in collaboration with MSDH Food Safety Division, MSDH Office of Epidemiology, MS Dept of Agriculture and Commerce, USDA, and Board of Animal Health; coordination between agencies for response was tested.	AAR, IP/CAP pending
Transportation	Y	Contraflow plans were tested during a hurricane exercise in May 2008; RSS transportation was exercised during a June 2008 exercise for distribution of medical countermeasures.	MSDH uses operational warehouses for RSS sites; exercise revealed that RSS completes ~750 statewide shipments during a normal 24-hour business day. This allowed MSDH to update plans for distribution of medical countermeasures to incorporate more drop sites per county.
Ensure Surveillance and Laboratory Capability During Each Phase of a Pandemic	Y	Seminar series, conducted April 2008, on surveillance for PI (by phased actions and proposed pandemic intervals) presented to public health and infection control practitioners and other healthcare providers.	Requests for additional seminar series by additional healthcare providers. To be addressed during PHEP CA budget period 8.
Assist with Controls at U.S. Ports of Entry	N		

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Operating Objective	Tested? (Y/N)	What was tested and why?	How did result improve the Operating Plan?
Implement Community Mitigation Interventions	N		
Enhance State Plans to Enable Community Mitigation Through Student Dismissal and School Closure	Y	24 Tabletop exercises conducted in MS during PHEP CA budget period 7 which included questions regarding social distancing, authority to dismiss/close schools, and issues as a consequence of school closures	Local planning sparked within schools; Governor determined as having authority to close schools statewide; SHO and DHOs can close schools to protect health; continuing education and feeding programs explored.
Acquire and Distribute Medical Countermeasures	Y	Distribution of medical countermeasure functional exercise conducted June 2009, which included public health staff, RSS staff and nine hospitals throughout MS. Main objectives: test hospital capacity to receive, store and manage inventory; medical surge and communication pathways also tested.	AAR, IP/CAP pending
Ensure Mass Vaccination Capability During Each Phase of a Pandemic	Y	Mass vaccination, using MS health information form for data collection was tested during seasonal influenza vaccination clinics in 2007. Capability to capture data for submission via CRA was tested.	MS will use the health information form to capture data.

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Operating Objective	Tested? (Y/N)	What was tested and why?	How did result improve the Operating Plan?
Provide Healthcare	Y	Information about infection control and antivirals, facemasks, and respirators was communicated to hospitals as part of the Distribution of Medical Countermeasures exercise June 2008.	Allowed coordination with hospital planning.
Manage Mass Fatalities	Y	Medical surge was exercised during the Distribution of Medical Countermeasures exercise June 2008 at nine hospitals throughout MS.	Strengthened hospital plans and coordination between MSDH and hospitals in Pandemic Influenza planning.
Ensure Communication Capability During Each Phase of a Pandemic	Y	All state agencies do communications call-down drills internally on a quarterly basis.	Information used to update the statewide communications plan.
Mitigate the Impact of an Pandemic Influenza on Workers in the state	N		
Understand Official Communication Mechanisms For Foreign Missions, International Organizations, and Their Members in the United States	N		
Integrate EMS and 9-1-1 into Pandemic Preparedness	May 2010	Regional all hazards preparedness training for PSAPs including pandemic preparedness	
Integrate Public Safety Answering Points into Pandemic Preparedness	N		
Public Safety and Law Enforcement	Y	Security of RSS exercised during Distribution of Medical Countermeasures exercise, June 2008.	Coordination of security for transportation routes; staff required for securing warehouse site

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Operating Objective	Tested? (Y/N)	What was tested and why?	How did result improve the Operating Plan?
Define CIKR Protection, Planning and Preparedness Roles and Responsibilities	N		
Build Public-Private Partnerships and Support Networks	N		
Implement the NIPP Risk Management Framework for a Pandemic	N		
Bolster CIKR Information Sharing and Protection Initiatives	N		
Leverage Emergency Preparedness Activities for CIKR Protection, Planning and Preparedness	N		
Integrate Federal and State CIKR Protection, Planning and Preparedness Activities	N		
Allocate Scarce Resources	Y	Scarce resources highlighted during Distribution of Medical Countermeasures exercise involving nine hospitals throughout MS.	Strengthened hospital plans and coordination between MSDH and hospitals in pandemic influenza planning.

Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
None submitted
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi State Department of Health
 - a. Multi-year Exercise Plan
 - b. After Action Reports
 - 2) Mississippi Emergency Management Agency
 - a. Multi-year Exercise Plan
 - b. After Action Reports
 - 3) Mississippi Department of Public Safety – Office of Homeland Security
 - a. Multi-year Exercise Plan
 - b. After Action Reports
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
None submitted

Section II.U

Public Safety and Law Enforcement

Coordinating Emergency Support Function

ESF 13 – Public Safety and Security

Primary Agency

Mississippi Department of Public Safety

Supporting Agencies and Organizations

Mississippi Attorney General's Office
Mississippi Department of Corrections
Mississippi Department of Marine Resources
Mississippi Department of Wildlife, Fisheries, and Parks
Mississippi Military Department
Mississippi State Department of Health
Mississippi State Supreme Court

This section provides guidance on integrating Public Safety and Law Enforcement into a comprehensive effort to prepare for, respond to, and recover from Pandemic Influenza. As the lead for maintaining social order, particularly in times of duress, Public Safety and Law Enforcement services will play a critical role in successfully responding to a Pandemic Influenza event.

The purpose of this Annex is to ensure that Public Safety and Law Enforcement services are fully integrated into preparedness, response, and recovery efforts related to a Pandemic Influenza (PI) event.

This Section II subsection addresses issues related to Public Safety and Law Enforcement services during a Pandemic Influenza event. This includes specified tasks articulated by the CDC as critical enablers to effective Public Safety and Law Enforcement response during a pandemic.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Attorney General's Office

In coordination with MDPS and MSDH, ensure that current statutes meet requirements related to respective legal authorities relative to what may be needed during a pandemic influenza.

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B. Mississippi Department of Public Safety

- 1) Identify the need for ESF 13 support and analyze potential factors that affect resources and actions needed, such as mapping, modeling, and forecasting for crowd size, impact of weather, and other conditions on security related to responding to a PI event.
- 2) Coordinate with the Mississippi Military Department; the Mississippi Department of Wildlife, Fisheries, and Parks; the Mississippi Department of Corrections; the Attorney General's Office; the Mississippi State Supreme Court; Mississippi Department of Marine Resources; County Sheriffs; and Municipal Police Departments to identify potential personnel resource pools, as well as likely personnel shortfalls relating to the provision of public safety and security resulting from a PI event, and the means by which these personnel will be sourced.
- 3) Coordinate with MSDH and the MS Attorney General's office to ensure that current statutes meet requirements related to respective legal authorities and relative to what may be needed during a pandemic influenza.
- 4) Coordinate with MSDH to provide adequate education and training materials to prepare public safety and security personnel for their roles in preparing for, mitigating and responding to pandemic influenza.
- 5) Ensure that PI education and training adequately prepares cognizant personnel to request federal assistance if needed to ensure public safety and security.

C. Mississippi State Department of Health

- 1) Coordinate with MDPS and the MS Attorney General's office to ensure that current statutes meet requirements related to respective legal authorities and relative to what may be needed during an pandemic influenza.
- 2) Ensure that adequate education and training materials are available to MDPS to prepare public safety and security personnel for their roles in preparing for, mitigating and responding to pandemic influenza.

D. Mississippi State Supreme Court

Coordinate with MDPS to ensure adequate personnel assets are available to support the classified continuity of operations plan for the criminal justice system during a pandemic.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Department of Public Safety

- 1) Coordinate with the Mississippi Military Department; the Mississippi Department of Wildlife, Fisheries, and Parks; the Mississippi Department of Corrections; Mississippi Department of Marine Resources; County Sheriffs; and Municipal Police Departments to ensure adequate law enforcement personnel are available to meet public safety and security needs statewide during a pandemic, as required.
- 2) In accordance with ESF 13 provisions in the CEMP, request augmentation by authorized law enforcement personnel from appropriate departments and agencies, as required.

B. Mississippi Military Department

Provide MDPS with personnel to meet law enforcement requirements for public safety and security, as required.

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- C. Mississippi Department of Corrections
Coordinate with MDPS to ensure law enforcement personnel requirements are met for public safety and security, as required.
- D. Mississippi Department of Transportation
Coordinate with MDPS to ensure law enforcement personnel requirements are met for public safety and security, as required.
- E. Mississippi Department of Marine Resources
Coordinate with MDPS to ensure law enforcement personnel requirements are met for public safety and security, as required.
- F. Mississippi Department of Wildlife, Fisheries, and Parks
Coordinate with MDPS to ensure law enforcement personnel requirements for public safety and security, as required.
- G. Mississippi State Supreme Court
Coordinate with MDPS to ensure law enforcement personnel requirements are met for public safety and security, as required.

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi Department of Public Safety
 - 1) Redeploy augmenting law enforcement personnel to appropriate departments and agencies, as required.
 - 2) Fulfill After Action Report/Best Practices/Lessons Learned reporting requirements delineated in Section I of this plan.

4. Supporting Capabilities Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP), 2008
 - 2) Mississippi State Mutual Aid Compact (SMAC)
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi Department of Corrections Pandemic Influenza Plan
 - 2) Mississippi Supreme Court Classified Continuity of Operations Plan (Restricted)
- D. Mississippi law (statutory and regulatory references)
§33-15-1, et seq., Mississippi Code of 1972, Emergency Management Law
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
None submitted

Section II.V

Define CIKR Protection, Planning & Preparedness Roles & Responsibilities

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Emergency Management Agency
Mississippi Department of Public Safety – Office of Homeland Security

Supporting Agencies and Organizations

Mississippi Attorney General's Office
Mississippi Department of Banking and Consumer Finance
Mississippi Department of Environmental Quality
Mississippi Department of Transportation
Mississippi Public Broadcasting
Mississippi State Department of Health

Given their unique capabilities and individual risk landscapes, Critical Infrastructure Key Resources (CIKR) sectors each face different protection challenges. The effort to ensure that the CIKR sector organizations and industries are informed, prepared and integrated into a unified and coordinated emergency management program requires in part, a clear assignment and understanding of roles and responsibilities of government at all levels. In addition, government regulation and oversight requirements that may potentially affect CIKR sector operations during a pandemic will be reviewed and addressed. Draft Emergency Executive Orders and/or Proclamations are maintained by the independent state agencies and/or organizations that have jurisdictions and legal authorities to grant exceptions and or waivers that might be needed to support the critical needs infrastructures in a pandemic or other disaster event. This section identifies various assignments relevant to supporting CIKR sector pandemic influenza protection, planning, preparedness and response activities.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Establish policies and standards for the development of emergency management plans, procedures, and programs by local and inter-jurisdictional entities for integrating into and coordinating with the statewide plan and programs.
- 2) Maintain liaison and cooperate with emergency management agencies and organizations of other states, the federal government, local governments and the private sector in implementing programs for disaster mitigation prevention, preparedness, response, and recovery.

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- 3) Provide emergency planning assistance to state agencies and local governments to include the Mississippi Band of Choctaw Indians, as well as regional and national emergency planning initiatives.
- 4) Establish and maintain a system for the management and coordination of emergency response and recovery operations, employing the Incident Command System as described in the National Incident Management System.
- 5) Facilitate interaction with non-governmental organizations to include corporations, international aid and assistance.
- 6) Conduct an assessment of laws and agency regulations that might impede or delay responding to a health emergency.

B. Mississippi Department of Public Safety - Office of Homeland Security

Liaison to 17 CIKR sectors, preparedness activities include but not limited to:

- a. Provide suggestions for protective measures.
- b. Facilitate planning, training and exercise opportunities for CIKR sectors.
- c. Establish and maintain the Homeland Security Information Network (HSIN) on behalf of the State. HSIN is the primary means of State/CIKR communications link for all-hazard information (including pandemic influenza).
- d. Establish an ongoing exchange of information between the State of Mississippi and CIKR sectors to support situational awareness.

C. Mississippi Attorney General's Office

Act as counsel to state agencies regarding the legal aspects of emergency activities.

D. Mississippi Department of Banking and Consumer Finance

- 1) Ensure external communications will work toward promoting public confidence in the financial services sector through issuance of press releases to the public.
- 2) Ensure expectations as well as regulatory relief issues for financial institutions are communicated jointly with federal agencies.
- 3) Evaluate regulatory options and develop regulations to be implemented for mortgage, commercial and/or consumer lending in disaster-affected areas.

E. Mississippi Department of Environmental Quality

- 1) Administer oil and gas regulations for pollution control.
- 2) Review regulations on a regular basis and implement changes as necessary to support response and recovery operations for hazardous materials.

F. Mississippi Department of Transportation

Provide inspection and enforcement of state laws and requirements for hazardous materials shipments at designated weigh stations on highway systems.

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G. Mississippi Legislature Joint Committee on Performance Evaluation and Expenditure Review

- 1) Conduct an assessment of state government regulations and oversight requirements affecting public-private CIKR business continuity operations.
- 2) Identify for consideration, temporary adjustments and waivers to mitigate any negative impacts of regulations on CIKR continuity of operations.

H. Mississippi Public Broadcasting

- 1) Provide emergency public information, training and education using available broadcasting resources.
- 2) Augment communications emergency support functions including notification and warning.
- 3) Provide communications support to facilitate the dissemination of public information.
- 4) Coordinate with Mississippi Office of Human Services (MOHS) and local officials on the messages released to the public to ensure that communications are consistent and accurate.
- 5) Coordinate with MOHS and local officials on the messages released to the public to ensure that communications are consistent and accurate.

I. Mississippi State Department of Health (MSDH)

- 1) Maintain liaison and cooperate with emergency management agencies and organizations of local jurisdictions and of other states, the federal government and the private sector in implementing programs for disaster mitigation/ prevention, preparedness, response, and recovery.
- 2) The Emergency Coordinating Officer (ECO) from the Mississippi State Department of Health will solicit plan development and/or revision through the State Emergency Coordinating Officers Quarterly Meeting. All State-designated ECOs should coordinate plan development. The Mississippi State Department of Health will retain emergency planners to facilitate solicited plans that support public health functions as delineated by the Training and Exercise Integration, Training Operations (TEI/TO), (formally known as the Office of Grants and Training (G&T), Training Division), Health and Human Services (HHS), Center for Disease Control and Prevention (CDC), Assistant Secretary for Preparedness and Response (ASPR), and other federal agencies providing homeland security assistance.
- 3) Coordinate and release any and all pandemic influenza related information to the public.
- 4) Perform epidemiological and laboratory surveillance relative to Pandemic Influenza (PI) under ESF 8, Public Health and Medical Services.
- 5) Assist local, and public health and medical authorities with epidemic surveillance and coordination.
- 6) Build partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
- 7) Identify and engage public health, state and local governmental agencies, CIKR sector, nongovernmental agencies, Mississippi tribes, faith-based communities, and other community stakeholders in non-pharmaceutical interventions preparedness planning and containment exercises.
- 8) Spearhead planning activities with the workplace and business sectors to:
 - a. Identify plans and guidance for canceling large public gatherings.
 - b. Develop guidance for distancing persons at the worksite.
 - c. Develop guidance to help local employers plan for increased absenteeism.

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- d. Develop plan to identify ill individuals in the workplace and provide guidance regarding isolation and quarantine.
- 9) Coordinate planning for the request and distribution of vaccines and medical countermeasures for PI, including antiviral medications, through the recommendations of the State Epidemiologist. Develop a plan to educate stakeholders throughout the community (e.g., representatives from all levels of educational facilities, childcare and nursing home facilities, CIKR sector businesses, and faith-based organizations).
- 10) Implement risk communications plan and link public information functions with federal and local counterparts in preparedness mode.
- 11) The MSDH Office of Communications and the Office of Epidemiology will review PI public information templates annually, and as deemed appropriate, to ensure inclusion of most recent information and recommendations.
- 12) Designate line and staff responsibilities, pre-approved message maps, comprehensive statewide media listings and contact information, comprehensive database of community organizations, and extensive listing of volunteer public information officers to assist in the dissemination of information.
- 13) Develop a plan to activate the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information surge capacities.
- 14) The ESF-8 Public Information/Emergency Communications Officer will coordinate with federal partners, neighboring states and the Mississippi Band of Choctaw Indians on the content and distribution of public information releases.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi Emergency Management Agency
 - 1) Coordinate public information dissemination via the Joint Information Center.
 - 2) Coordinate all non-Stafford Act response and recovery activities.
 - 3) Coordinate the Joint Information Center emergency public information messages.
 - 4) Coordinate with the Office of the Governor to implement as appropriate any temporary regulatory adjustments or waivers affecting CIKR continuity of operations consistent with Governor's emergency powers (State Code 33-15-11).
- B. Mississippi Department of Public Safety - Office of Homeland Security

Provide for information exchange between the local, state, federal and tribal government and the CIKR sector organizations and industries through the HSIN.
- C. Mississippi State Department of Health
 - 1) Once pandemic influenza virus activity is detected in the state, ensure that active surveillance is implemented and information is provided to treating physicians, public health planners, and governmental leaders throughout the state by all available electronic means (e.g., MSDH website, Health Alert Network (HAN)) (See Section II.O).
 - 2) Ensure information is also provided to the public through the media (See Section II.O). In addition, information relevant to CIKR sector entities is channeled through the Mississippi HSIN and the Mississippi Office of Homeland Security.
 - 3) Upon activation, provide liaison to the State Emergency Operations Center (SEOC). Once the SEOC is activated, the ESF-8 Incident Command will prepare an incident

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action plan (IAP) and situation reports for key decision-makers. Updated IAPs will be disseminated.

- 4) Key partners and CIKR Sectors will be notified of current threat and recommendation will be made to activate their facility's pandemic influenza response plan. Notification will include recommendations for the enhancement of security at facilities.
- 5) The ESF 8 Public Information /Emergency Communications Officer will initiate communication with local and national counterparts as directed by the Incident Commander.
- 6) The ESF 8 PIO/Emergency Communications Officer will interface with appropriate counterparts at the national level.
- 7) Ensure HAN, HSIN and the MSDH website is utilized to make this information widely available to all personnel with decision-making responsibilities in the pandemic influenza response as well as all CIKR Sectors.
- 8) Utilize MSDH website, HAN, HSIN, telephone, e-mail, blast fax, and media releases to communicate real-time information to all levels of MSDH leadership down to the county level, to the Office of Vital Statistics, to county medical examiners/coroners, to hospitals with assistance from the Mississippi Hospital Association, and to State-level leadership including the Mississippi Emergency Management Agency, the Mississippi Office of Homeland Security, and the Office of the Governor.
- 9) Through the MSDH's HAN, press releases and media advisories can be blast faxed throughout the state. HAN includes all Mississippi media, and over 6,000 hospitals, physicians, and first emergency responders. With the help of the MSDH print shop, additional copies of informational pieces can be produced at the rate of 300 pieces a minute or 300,000 per 24-hours.
- 10) The Director of Communications will work with the MEMA, the Governor's Office, and MSDH first responders, Office of Epidemiology, the Office of Health Protection and local Health Officers in order to coordinate messages.
- 11) Authorize dissemination of PI information to external media, internal stakeholders, and cooperating state and federal agencies.

3. Post-Pandemic Recovery Tasks and Responsibilities

A. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Capture and evaluate the impacts of pandemic on CIKR sector organizations and industries.
- 2) Identify opportunities for revisions to policies, procedures and technology needed to improve continuity and safety of CIKR sectors in the future.

B. Mississippi State Department of Health

- 1) Prepare for a second wave.
- 2) Inventory antivirals and medical countermeasure supplies.
- 3) With assistance from partner agencies, evaluate overall response activities and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a) CEMP Letter of Agreement
 - b) CEMP Support and Incident Annexes
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
None submitted
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations
Plans (Restricted)

Section II.W

Build Public-Private Partnerships and Support Networks

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Department of Public Safety – Office of Homeland Security

Supporting Agencies and Organizations

Mississippi Emergency Management Agency

Mississippi State Department of Health

The Mississippi Critical Infrastructure Protection Plan (MCIPP) is designed utilizing the U.S. Department of Homeland Security National Infrastructure Protection Plan (NIPP) as the model to address infrastructure protection within the borders of Mississippi to provide protection and resiliency in an all-hazards environment.

Achieving these goals requires the state to meet a series of objectives set forth by the NIPP and adopted into the MCIPP. These objectives are information sharing, building partnerships with federal, state, local, tribal and private sector partners, implementing long term risk management programs, and further development of rapid response and recovery programs.

The MCIPP is designed to work in conjunction with the Mississippi Comprehensive Emergency Management Plan (CEMP) and other agency plans that affect Critical Infrastructure and Key Resources sectors (CIKR). The MCIPP will identify, prioritize, and assess the vulnerabilities of critical infrastructure and key resources in this state and develop effective strategies for strengthening their security and protection.

This subsection is based on policies and procedures contained in the CEMP, the MCIPP, the NIPP and the NRF. The NIMS provides a framework that establishes the mechanisms to, among other things:

- Improve coordination and integration of public and private partners.
- Maximize efficient use of resources needed to protect and restore the state's CIKR sectors.
- Improve incident communications and awareness between the public and private sectors.
- Ensure protected communications and information sharing processes among CIKR sectors and federal, state, local and tribal governments.
- Facilitate federal emergency support to state, local, and tribal governments.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Designate a liaison to 17 CIKR sectors for all emergency management program activities to include pandemic influenza preparedness, response and recovery.
- 2) Establish a critical infrastructure working group within Mississippi comprised of state, federal, tribal, local and private sector stakeholders to aid in the task of CIKR protection against all hazards.
- 3) Identify, prioritize, and assess all CIKR delivered essential resources.
- 4) Identify, prioritize and assess the vulnerabilities of CIKR sectors and develop effective strategies for strengthening their security and protection.
- 5) Identify unique geographical issues, including trans-border concerns, as well as critical interdependencies within and across sectors and jurisdictions within those geographical boundaries.
- 6) Facilitate planning, training and exercise opportunities for CIKR sectors.
- 7) Establish and maintain the Homeland Security Information Network (HSIN) on behalf of the state. HSIN is the primary means of state/CIKR communications for all-hazards information (including pandemic influenza).
- 8) Serve as the focal point for information sharing, intelligence analysis and CIKR database systems.
- 9) Establish an ongoing exchange of information between the State of Mississippi and CIKR sectors to support situational awareness.
- 10) Identify and assist in addressing cross-sector dependencies and interdependencies that may affect CIKR functionality, performance and recovery.

B. Mississippi Emergency Management Agency

- 1) Maintain liaison and cooperate with emergency management agencies and organizations of other states, the federal government, local governments and the private and CIKR sectors in implementing programs for disaster mitigation/prevention, preparedness, response, and recovery.
- 2) Provide emergency planning assistance to state agencies, private sector and local governments to include the Mississippi Band of Choctaw Indians, as well as regional and national emergency planning initiatives.
- 3) Provide an extensive array of training opportunities for state and local emergency managers, public officials, members of volunteer relief organizations, CIKR sectors and professionals in related fields.
- 4) Establish and maintain a system for the management and coordination of emergency response and recovery operations, employing the Incident Command System as described in the National Incident Management System.

C. Mississippi State Department of Health

- 1) Position emergency response coordinators in each district, with the direct responsibility of strengthening ties with the community and helping integrate public health into local emergency response efforts.
- 2) Build partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
- 3) Identify and engage public health, state and local governmental agencies, CIKR sector, non-governmental agencies, Mississippi tribes, faith-based communities, and other community stakeholders in non-pharmaceutical interventions preparedness planning and containment exercises.

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- 4) Spearhead planning activities with the workplace and business sectors to identify plans and guidance for canceling large gatherings, guidance for distancing persons at the worksite, identifying ill individuals in the workplace and assisting employers in planning for increased absenteeism.
- 5) Coordinate planning for the request and distribution of vaccines and medical countermeasures for PI, including antiviral medications through the recommendations of the State Epidemiologist. Develop a plan to educate stakeholders throughout the community (e.g., representatives from all levels of educational facilities, childcare and nursing home facilities, CIKR sector businesses, and faith-based organizations).
- 6) Implement its risk communications plan and link public information functions with federal and local counterparts in preparedness mode.
- 7) Develop a plan to activate the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information surge capacities.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Department of Public Safety – Office of Homeland Security

- 1) Provide for information exchange between the federal, state, local and tribal government and the CIKR sector organizations and industries through the Homeland Security Information Network (HSIN).
- 2) Collect, maintain and update information and data on CIKR functionality and performance as well as cross-sector dependencies affecting CIKR Sectors.
- 3) Coordinate with MEMA and applicable ESF to ensure appropriate and timely allocation of limited government and private sector support to mitigate CIKR vulnerabilities and consequences.

B. Mississippi Emergency Management Agency

- 1) Coordinate public information dissemination via the Joint Information Center.
- 2) Establish and maintain a damage assessment, collection and reporting system.
- 3) Coordinate with Mississippi Department of Public Safety – Office of Homeland Security and applicable ESF to ensure appropriate and timely allocation of limited government and private sector support to mitigate CIKR vulnerabilities and consequences.

C. Mississippi State Department of Health

- 1) Once pandemic influenza virus activity is detected in the state, ensure that active surveillance is implemented and information is provided to treating physicians, public health planners, and governmental leaders throughout the state by all available electronic means (e.g., MSDH website, Health Alert Network (HAN)) (See Section II.O).
- 2) Ensure that information is provided to the public through the media (See Section II.O). In addition, information relevant to CIKR sector entities and is channeled through the Mississippi HSIN and the Mississippi Office of Homeland Security.

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- 3) Upon activation, provide liaison to the State Emergency Operations Center (SEOC). Once the SEOC is activated, the ESF-8 Incident Command will prepare Incident Action Plans (IAP) and situation reports for key decision-makers. Updated IAPs will be disseminated.
- 4) Key partners and CIKR sectors will be notified of current threat and recommendation will be made to activate their facility's pandemic influenza response plan. Notification will include recommendations for the enhancement of security at facilities.
- 5) The ESF 8 Public Information Officer (PIO)/Emergency Communications Officer will initiate communication with local and national counterparts as directed by the Incident Commander.
- 6) The ESF 8 PIO/Emergency Communications Officer will interface with appropriate counterparts at the national level.
- 7) In addition to these mechanisms, the HAN, HSIN and the MSDH website will be used to make this information widely available to all personnel with decision-making responsibilities in the pandemic influenza response as well as all CIKR sectors.
- 8) Utilize MSDH website, HAN, HSIN, telephone, e-mail, blast fax, and media releases to communicate real-time information to all levels of MSDH leadership down to the county level, to the Office of Vital Statistics, to county medical examiners/coroners, to hospitals with assistance from the Mississippi Hospital Association, and to state-level leadership including MEMA, the Mississippi Office of Homeland Security, and the Office of the Governor.
- 9) The MSDH Director of Communications will work with MEMA, the Governor's Office, and MSDH first responders, Office of Epidemiology, the Office of Health Protection and local Health Officers to coordinate messages.
- 10) Authorize dissemination of PI information to external media, internal stakeholders, and cooperating state and federal agencies.

3. Post Pandemic Recovery Tasks and Responsibilities

- A. Mississippi Department of Public Safety - Office of Homeland Security
 - 1) Capture and evaluate the impacts of pandemic on CIKR sector organizations and industries.
 - 2) Identify opportunities for revisions to policies, procedures and technology needed to improve continuity and safety of CIKR sectors in the future.
- B. Mississippi Emergency Management Agency

Provide assistance to citizens, local governments, non-profit associations, state agencies and businesses to help aid in recovery from disasters.

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- C. Mississippi State Department of Health
 - 1) Prepare for successive waves.
 - 2) Inventory antivirals and medical countermeasure supplies.
 - 3) Evaluate overall success of administration and response activities, with assistance from partner agencies and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

- A. Attachments
 - None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
CEMP Support Annexes
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
 - None submitted
- D. Mississippi law (statutory and regulatory references)
 - None submitted
- E. Memoranda of understanding and agreements
 - None submitted
- F. Federal and other laws, plans, guidance and reports
 - 1) Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)
 - 2) Mississippi County Comprehensive Emergency Management Plans and Support Incident Annexes (available from individual counties)

Section II.X

Implement the National Infrastructure Protection Plan (NIPP) Risk Management Framework for a Pandemic

Coordinating Emergency Support Function

ESF 13 – Public Safety and Security

Primary Agency

Mississippi Department of Public Safety – Office of Homeland Security

Supporting Agencies and Organizations

Mississippi Emergency Management Agency

Mississippi State Department of Health

The Mississippi Critical Infrastructure Protection Plan (MCIPP) is designed utilizing the U.S. Department of Homeland Security National Infrastructure Protection Plan (NIPP) as the model to address infrastructure protection within the borders of Mississippi to provide protection and resiliency in an all-hazards environment.

Achieving these goals requires the state to meet a series of objectives set forth by the NIPP and adopted into the MCIPP. These objectives are information sharing; building partnerships with federal, state, local, tribal and private sector partners; implementing long term risk management programs; and further development of rapid response and recovery programs.

The MCIPP will identify, prioritize, and assess the vulnerabilities of critical infrastructure and key resources in this state and develop effective strategies for strengthening their security and protection. Identifying CIKR assets in Mississippi is carried out through the Mississippi Infrastructure Working Group, state and federal inventory list, and is then categorized by sector. Among this information, the inventory is then categorized into assets, systems, networks and functions.

The Mississippi Department of Public Safety - Office of Homeland Security has established multi-agency, multi-disciplinary critical infrastructure protection committees and provided them with the U.S. Department of Homeland Security (DHS) Automated Critical Asset Management System (ACAMS) training to coordinate the identification and vulnerability assessments of the infrastructure and assets in their jurisdictions. They have named critical infrastructure assessment coordinators who are responsible for reviewing the assessments and prioritizing the infrastructures based on federal criteria in terms of continuity of operations (COOP), the impact of hazardous materials, and the potential for loss of human life. Based on the infrastructure prioritization, the assessment coordinators, along with local partners, may provide DHS-approved, sector-specific common vulnerabilities reports. In addition, the assessment coordinators, along with local partners, may present verbal options for consideration for possible security enhancements at prioritized locations. The vulnerability assessments, along with security enhancement options, are submitted to the ACAMS system for review and comparison

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with national risk and threat-based intelligence and funding recommendations to implement enhancement projects.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Designate a liaison to 17 CIKR sectors for all emergency management program activities to include pandemic influenza preparedness, response and recovery.
- 2) Establish a critical infrastructure working group within Mississippi comprised of state, federal, tribal, local and private sector stakeholders to aid in the task of CIKR protection against all hazards.
- 3) Identify, prioritize, and assess all CIKR delivered essential resources.
- 4) Identify, prioritize and assess the vulnerabilities of CIKR sectors, and develop effective strategies for strengthening their security and protection.
- 5) Facilitate planning, training, and exercise opportunities for CIKR sectors.
- 6) Establish and maintain the Homeland Security Information Network (HSIN) on behalf of the state. HSIN is the primary means of state/CIKR communications for all-hazards information (including pandemic influenza).
- 7) Serve as the focal point for information sharing, intelligence analysis and CIKR database systems.
- 8) Establish an ongoing exchange of information between the State of Mississippi and CIKR sectors to support situational awareness.
- 9) Identify and assist in addressing cross-sector dependencies and interdependencies that may affect CIKR functionality, performance and recovery.

B. Mississippi Emergency Management Agency

- 1) Maintain liaison and cooperate with emergency management agencies and organizations of other states, the federal government, local governments and the private and CIKR sectors in implementing programs for disaster mitigation/prevention, preparedness, response, and recovery.
- 2) Provide emergency planning assistance to state agencies, private sector and local governments to include the Mississippi Band of Choctaw Indians, as well as regional and national emergency planning initiatives.
- 3) Provide an extensive array of training opportunities for state and local emergency managers, public officials, members of volunteer relief organizations, CIKR sectors and professionals in related fields
- 4) Establish and maintain a system for the management and coordination of emergency response and recovery operations, employing the Incident Command System as described in the National Incident Management System.

C. Mississippi State Department of Health

- 1) Position emergency response coordinators in each district, with the direct responsibility of strengthening ties with the community and helping integrate public health into local emergency response efforts.
- 2) Build partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
- 3) Identify and engage public health, state and local governmental agencies, CIKR sector, nongovernmental agencies, Mississippi Band of Choctaw Indians, faith-based

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communities, and other community stakeholders in non-pharmaceutical interventions preparedness planning and containment exercises.

- 4) Spearhead planning activities with the workplace and business sectors to identify plans and guidance for canceling large gatherings, guidance for distancing persons at the worksite, identifying ill individuals in the workplace and assisting employers in planning for increased absenteeism.
- 5) Coordinate planning for the request and distribution of vaccines and medical countermeasures for PI, including antiviral medications through the recommendations of the State Epidemiologist. Develop a plan to educate stakeholders throughout the community (e.g., representatives from all levels of educational facilities, childcare and nursing home facilities, CIKR sector businesses, and faith-based organizations).
- 6) Review annually, and as deemed necessary, the Plan for Allocation and Distribution of Medical Countermeasures (antivirals, facemasks, respirators, and ventilators); the updates will be reviewed by the State Epidemiologist, MSDH Field Services and MSDH Department of Policy Evaluation.
- 7) Encourage private and CIKR sector industries and organizations to procure medical and non-medical countermeasures in accordance with federal guidance.
- 8) Review, exercise, and modify medical countermeasures distribution plans on a periodic basis and as needed.
- 9) Review national recommendations for priority groups for antivirals and develop state-specific modifications or refinements for target groups.
- 10) Develop specific definitions for target groups for antivirals, identifying occupational categories and sub-categories, as needed, within each broad target and estimating the size of relevant target groups.
- 11) Maintain stockpiles of medical supplies and medications.
- 12) Prepare plans and procedures for state-wide distribution of medical and non-medical supplies utilizing internal and external resources.
- 13) Develop plans for distribution of antivirals, facemasks, respirators, and ventilators. Conduct training for public health staff and partners involved in distributing and administering antivirals and ensure redundancy of knowledge and responsibility for pandemic activities.
- 14) Coordinate distribution plan with neighboring states and Mississippi Band of Choctaw Indians tribal government.
- 15) Implement risk communications plan and link public information functions with federal and local counterparts in preparedness mode.
- 16) Develop a plan to activate the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information surge capacities.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi Department of Public Safety – Office of Homeland Security
 - 1) Provide for information exchange between the federal, state, local and tribal government and the CIKR sector organizations and industries through the Homeland Security Information Network (HSIN).
 - 2) Collect, maintain and update information and data on CIKR functionality and performance as well as cross-sector dependencies affecting CIKR Sectors.
 - 3) Coordinate with MEMA and applicable ESF to ensure appropriate and timely allocation of limited government and private sector support to mitigate CIKR vulnerabilities and consequences.
- B. Mississippi Emergency Management Agency
 - 1) Coordinate public information dissemination via the Joint Information Center.
 - 2) Establish and maintain a damage assessment, collection and reporting system.
 - 3) Coordinate with MOHS and applicable ESF to ensure appropriate and timely allocation of limited government and private sector support to mitigate CIKR vulnerabilities and consequences.
- C. Mississippi State Department of Health
 - 1) Once pandemic influenza virus activity is detected in the state, ensure that active surveillance is implemented and information is provided to treating physicians, public health planners, and governmental leaders throughout the state by all available electronic means (e.g., MSDH website, Health Alert Network (HAN)) (See Section II.O).
 - 2) Ensure that information is provided to the public through the media (See Section II.O). In addition, information relevant to CIKR sector entities are channeled through the Mississippi HSIN and the Mississippi Office of Homeland Security.
 - 3) Upon activation, provide liaison to the State Emergency Operations Center (SEOC). Once the SEOC is activated, the ESF-8 Incident Command will prepare incident action plans (IAPs) and situation reports for key decision-makers. Updated IAPs will be disseminated on a regular basis.
 - 4) Ensure that key partners and CIKR Sectors are notified of current threat and recommendations that are to be made to activate their facility's pandemic influenza response plan. Ensure notification also includes recommendations for the enhancement of security at facilities.
 - 5) The ESF 8 Public Information Officer (PIO)/Emergency Communications Officer will initiate communication with local and national counterparts as directed by the Incident Commander.
 - 6) The ESF 8 PIO/Emergency Communications Officer will interface with appropriate counterparts at the national level.
 - 7) In addition to these mechanisms, ensure the HAN, HSIN and the MSDH website are used to make this information widely available to all personnel with decision-making responsibilities in the pandemic influenza response as well as all CIKR Sectors.

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- 8) Utilize MSDH website, HAN, HSIN, telephone, e-mail, blast fax, and media releases to communicate real-time information to all levels of MSDH leadership down to the county level, to the Office of Vital Statistics, to county medical examiners/coroners, to hospitals with assistance from the Mississippi Hospital Association, and to state-level leadership including MEMA, the Mississippi Office of Homeland Security, and the Office of the Governor.
- 9) The MSDH Director of Communications will work with MEMA, the Governor's Office, and MSDH first responders, Office of Epidemiology, the Office of Health Protection and local Health Officers to coordinate messages.
- 10) Authorize dissemination of PI information to external media, internal stakeholders, and cooperating state and federal agencies.
- 11) Provide leadership in directing, coordinating, and integrating the overall state efforts to provide health, medical, public health, mortuary/victim identification, personnel, supplies, equipment and some social services assistance to the affected area.
- 12) Evaluate the incident with its partner organizations and make recommendations to its partner organizations and appropriate public health and medical authorities regarding the need for quarantine, shelter-in-place, or isolation to prevent the spread of disease.
- 13) Provide the most up-to-date information to the medical community and other stakeholders regarding antivirals, facemasks, respirators and ventilators.
- 14) Provide the foundation for all warehouse activities for distribution of medical countermeasures, including receiving, storing, staging and distribution.
- 15) Upon recommendation by the CDC for deployment of antivirals and other medical countermeasures to the states, the MSDH will fully activate the plan for distribution of antivirals and if necessary the entire MSDH SNS Plan.
- 16) Process orders for distribution of medical countermeasures; manage federally received medical countermeasures supply inventory.
- 17) Manage the flow of medical commodities, medical personnel and equipment to meet the needs and requirements of a Pandemic Influenza response.
- 18) Continue full activation of the plan for distribution of antivirals (MSDH SNS Plan), as appropriate for receiving antivirals and other medical countermeasures from the SNS.

3. Post Pandemic Recovery Tasks and Responsibilities

A. Mississippi Department of Public Safety - Office of Homeland Security

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- 1) Capture and evaluate the impacts of pandemic on CIKR sector organizations and industries.
 - 2) Identify opportunities for revisions to policies, procedures and technology needed to improve continuity and safety of CIKR sectors in the future.
- B. Mississippi Emergency Management Agency
Provide assistance to citizens, local governments, non-profit associations, state agencies and businesses to help aid in recovery efforts.
- C. Mississippi State Department of Health
- 1) Prepare for successive waves.
 - 2) Inventory antivirals and medical countermeasure supplies.
 - 3) With assistance from partner agencies, evaluate overall success of administration and response activities and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
- 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
CEMP Support Annexes
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
Mississippi State Department of Health Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, 2008
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
- 1) Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)
 - 2) Mississippi County Comprehensive Emergency Management Plans and Support Incident Annexes (available from individual counties)

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- 3) U.S. Department of Health and Human Services Guidance on Allocating and Targeting Pandemic Influenza Vaccine

Section II.Y

Bolster CIKR Information Sharing and Protection Initiatives

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Department of Public Safety – Office of Homeland Security

Supporting Agencies and Organizations

Mississippi Emergency Management Agency

Mississippi State Department of Health

The Mississippi Critical Infrastructure Protection Plan (MCIPP) is designed utilizing the U.S. Department of Homeland Security National Infrastructure Protection Plan NIPP as the model to address infrastructure protection within the borders of Mississippi to provide protection and resiliency in an all-hazards environment.

Achieving these goals requires the state to meet a series of objectives set forth by the NIPP and adopted into the MCIPP. These objectives are information sharing; building partnerships with federal, state, local, tribal and private sector partners; implementing long term risk management programs; and further development of rapid response and recovery programs.

In response to the federal mandate, the state of Mississippi developed a Critical Infrastructure Protection working group that aided in the development of this Annex. The working group and the MCIPP were designed to work in conjunction with the state's Comprehensive Emergency Management Plan (CEMP) and other agency plans that affect Critical Infrastructure and Key Resources sectors (CIKR). The MCIPP will identify, prioritize, and assess the vulnerabilities of critical infrastructure and key resources in this state and develop effective strategies for strengthening their security and protection. The Mississippi Comprehensive Emergency Management Plan (CEMP) applies to all state departments and agencies that may be requested to provide assistance or conduct operations in actual incidences. These incidences require a coordinated response by an appropriate combination of federal, state, local, tribal, private sector and non-governmental entities. The CEMP and the MSDH Emergency Support Function (ESF)-8 Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS Plan) provide an organizational structure to allow emergency medical services personnel and healthcare facilities to work together in a collaborative way and to provide assistance in situations where local resources are overwhelmed.

This subsection is based on policies and procedures contained in the CEMP, the MCIPP, the NIPP and the NRF. The NIMS provides a framework that establishes the mechanisms to, among other things:

- Improve coordination and integration of public and private partners.

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- Maximize efficient use of resources needed to protect and restore the state's Critical Infrastructure and Key Resource Sectors.
- Improve incident communications and awareness between the public and private sectors; ensure protected communications and information sharing processes among CIKR sectors and federal, state, local and tribal governments.
- Facilitate federal emergency support to state, local, and tribal governments.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Designate liaison to 17 CIKR sectors for all emergency management program activities to include pandemic influenza preparedness, response and recovery.
- 2) Establish a critical infrastructure working group within Mississippi comprised of state, federal, tribal, local and private sector stakeholders to aid in the task of CIKR protection against all hazards.
- 3) Provide suggestions for protective measures.
- 4) Facilitate planning, training and exercise opportunities for CIKR sectors.
- 5) Establish and maintain the Homeland Security Information Network (HSIN) on behalf of the state. HSIN is the primary means of state/CIKR communications for all-hazards information (including pandemic influenza).
- 6) Serve as the focal point for information sharing, intelligence analysis and CIKR database systems.
- 7) Establish an ongoing exchange of information between the State of Mississippi and CIKR sectors to support situational awareness.
- 8) Identify and assist in addressing cross-sector dependencies and interdependencies that may affect CIKR functionality, performance and recovery.

B. Mississippi Emergency Management Agency

- 1) Establish policies and standards for the development of emergency management plans, procedures, and programs by local and inter-jurisdictional entities for integrating into and coordinating with the statewide plan and programs.
- 2) Maintain liaison and cooperate with emergency management agencies and organizations of other states, the federal government and the private and CIKR sectors in implementing programs for disaster mitigation/ prevention, preparedness, response, and recovery.
- 3) Provide emergency planning assistance to state agencies and local governments to include the Mississippi Band of Choctaw Indians, as well as regional and national emergency planning initiatives.
- 4) Provide an extensive array of training opportunities for state and local emergency managers, public officials, members of volunteer relief organizations and professionals in related fields
- 5) Oversee required local jurisdiction exercise activities that simulate emergency management operations for specifically stated purposes.
- 6) Establish and maintain a system for the management and coordination of emergency response and recovery operations, employing the Incident Command System as described in the National Incident Management System.

C. Mississippi State Department of Health

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- 1) Position emergency response coordinators in each district, with the direct responsibility of strengthening ties with the community and helping integrate public health into local emergency response efforts.
- 2) Coordinate the release of any and all pandemic influenza related information to the public.
- 3) Build partnerships among healthcare and public health officials, community leaders, CIKR sectors and emergency response workers.
- 4) Identify and engage public health, state and local governmental agencies, CIKR sector, nongovernmental agencies, Mississippi Band of Choctaw Indians, faith-based communities, and other community stakeholders in non-pharmaceutical interventions preparedness planning and containment exercises.
- 5) Spearhead planning activities with the workplace and business sectors to identify plans and guidance for canceling large gatherings, guidance for distancing persons at the worksite, identifying ill individuals in the workplace and assisting employers in planning for increased absenteeism.
- 6) Coordinate planning for the request and distribution of vaccines and medical countermeasures for PI, including antiviral medications through the recommendations of the State Epidemiologist. Develop a plan to educate stakeholders throughout the community (e.g., representatives from all levels of educational facilities, childcare and nursing home facilities, CIKR sector businesses, and faith-based organizations).
- 7) Implement its risk communications plan and link public information functions with federal and local counterparts in preparedness mode.
- 8) The MSDH Office of Communications and the Office of Epidemiology will review pandemic influenza public information templates annually, and as deemed appropriate, to ensure inclusion of most recent information and recommendations.
- 9) Designate line and staff responsibilities, pre-approved message maps, comprehensive state wide media listings and contact information, comprehensive database of community organizations, and extensive listing of volunteer public information officers to assist in the dissemination of information.
- 10) Develop a plan to activate the hot line and Web site to respond to pandemic inquiries, and assure that systems are in place to deal with anticipated public information surge capacities.
- 11) The ESF-8 PIO/Emergency Communications Officer will coordinate with federal partners, neighboring states and the Mississippi Band of Choctaw Indians' tribal government on the content and distribution of public information releases.

2. Pandemic Response Tasks and Responsibilities

- A. Mississippi Department of Public Safety – Office of Homeland Security
 - 1) Provide for information exchange between the federal, state, local and tribal government and the CIKR sector organizations and industries through the Homeland Security Information Network (HSIN).
 - 2) Collect, maintain and update information and data on CIKR functionality and performance as well as cross-sector dependencies affecting CIKR Sectors.
 - 3) Establish and maintain a CIKR damage assessment, collection and reporting system.
- B. Mississippi Emergency Management Agency
 - Coordinate public information dissemination via the Joint Information Center.
- C. Mississippi State Department of Health
 - 1) Once pandemic influenza virus activity is detected in the state, ensure that active surveillance is implemented and information is provided to treating physicians, public health planners, and governmental leaders throughout the state by all available electronic means (e.g., MSDH website, Health Alert Network (HAN)) (See Section II.O).
 - 2) Ensure that information is provided to the public through the media (See Section II.O). In addition, information relevant to CIKR sector entities is channeled through the Mississippi HSIN and the Mississippi Office of Homeland Security.
 - 3) Upon activation, provide liaison to the State Emergency Operations Center (SEOC). Once the SEOC is activated, the ESF-8 Incident Command will prepare Incident Action Plans (IAPs) and situation reports for key decision-makers. Updated IAPs will be disseminated.
 - 4) Ensure that key partners and CIKR Sectors are notified of current threat and the recommendation to activate their facility's pandemic influenza response plan. Ensure notification also includes recommendations for the enhancement of security at facilities.
 - 5) The ESF 8 Public Information Officer (PIO)/Emergency Communications Officer will initiate communication with local and national counterparts as directed by the Incident Commander.
 - 6) The ESF 8 PIO/Emergency Communications Officer will interface with appropriate counterparts at the national level.
 - 7) In addition to these mechanisms, ensure the HAN, HSIN and the MSDH website are used to make this information widely available to all personnel with decision-making responsibilities in the pandemic influenza response as well as all CIKR Sectors.

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- 8) Utilize MSDH website, HAN, HSIN, telephone, e-mail, blast fax, and media releases to communicate real-time information to all levels of MSDH leadership, to the county level, the Office of Vital Statistics, county medical examiners/coroners, hospitals with assistance from the Mississippi Hospital Association, and to state-level leadership including MEMA, the Mississippi Office of Homeland Security, and the Office of the Governor.
- 9) The MSDH Director of Communications will work with MEMA, the Governor's Office, and MSDH first responders, Office of Epidemiology, the Office of Health Protection and local Health Officers to coordinate messages.
- 10) Authorize dissemination of PI information to external media, internal stakeholders, and cooperating state and federal agencies.

3. Post Pandemic Recovery Tasks and Responsibilities

A. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Capture and evaluate the impacts of pandemic on CIKR sector organizations and industries.
- 2) Identify opportunities for revisions to policies, procedures and technology needed to improve continuity and safety of CIKR sectors in the future.

B. Mississippi Emergency Management Agency

Provide assistance to citizens, local governments, non-profit associations, state agencies and businesses to help aid in recovery from disasters.

C. Mississippi State Department of Health

- 1) Prepare for subsequent waves.
- 2) Inventory antivirals and medical countermeasure supplies.
- 3) With assistance from partner agencies, will evaluate overall success of administration and response activities and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

A. Attachments

None submitted

B. State plans and procedures (statewide, multi-agency)

- 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
CEMP Support Annexes
- 2) Mississippi Critical Infrastructure Protection Program

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- C. Agency/department materials (agency or department-specific)
None submitted
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
 - 1) Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)
 - 2) Mississippi County Comprehensive Emergency Management Plans and Support Incident Annexes (available from individual counties)

Section II.Z

Leverage Emergency Preparedness Activities for CIKR Protection, Planning & Preparedness

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Emergency Management Agency

Supporting Agencies and Organizations

Mississippi Board of Pharmacy

Mississippi Department of Finance and Administration

Mississippi Department of Public Safety – Office of Homeland Security

Mississippi Public Service Commission

Mississippi State Department of Health

The State of Mississippi, and many owners and operators of CIKR sector organizations and industries, first responder organizations and local emergency management programs have developed strategies, policies, plans and procedures designed to prevent, mitigate, prepare, respond and recover from a wide array of natural and human caused incidents. The everyday public-private coordination structures, information-sharing networks, and risk management frameworks used in state infrastructure protection work in conjunction with and in support of other state and local plans in an all-hazard context. These formalized efforts are widely accepted, implemented and practiced across the state. The Mississippi Pandemic Influenza Incident Annex framework recognizes and incorporates many of those efforts in this annex and throughout the plan. The activities and processes described in this subsection apply to the state of Mississippi as a whole with provision for application to CIKR sectors and other targeted groups as appropriate.

The Mississippi Comprehensive Emergency Management Plan (CEMP) and the Mississippi State Department of Health (MSDH) ESF-8 Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS Plan) provide an organizational structure to allow emergency medical services personnel and healthcare facilities to work together in a collaborative way and to provide assistance in situations where local resources are overwhelmed.

The following subsection describes preparedness, response and recovery roles, responsibilities and activities of State departments and agencies relevant to pandemic influenza that will be leveraged in support of CIKR sector organizations and industries.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Establish policies and standards for the development of emergency management plans, procedures, and programs by local and inter-jurisdictional entities for integrating into and coordinating with the statewide plan and programs.
- 2) Maintain liaison and cooperate with emergency management agencies and organizations of other states, the federal government and the private sector in implementing programs for disaster mitigation/ prevention, preparedness, response, and recovery.
- 3) Provide emergency planning assistance to state agencies and local governments to include the Mississippi Band of Choctaw Indians, as well as regional and national emergency planning initiatives.
- 4) Establish and maintain a system for the management and coordination of emergency response and recovery operations, employing the Incident Command System as described in the National Incident Management System.
- 5) Emergency Support Function (ESF) 7 will assist MSDH with procurement and pre-disaster contracts procedures as required by MSDH Logistics Section.

B. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Designate liaison to 17 CIKR sectors for all emergency management program activities to include pandemic influenza preparedness, response and recovery.
- 2) Provide suggestions for protective measures.
- 3) Facilitate planning, training and exercise opportunities for CIKR sectors.
- 4) Establish and maintain the Homeland Security Information Network (HSIN) on behalf of the state. HSIN is the primary means of State/CIKR communications for all-hazards information (including pandemic influenza).
- 5) Establish an ongoing exchange of information between the State of Mississippi and CIKR sectors to support situational awareness.

C. Mississippi State Department of Health

- 1) Provide information on any public health statements or precautions.
- 2) Position emergency response coordinators in each district, with the direct responsibility of strengthening ties with the community and helping integrate public health into local emergency response efforts.
- 3) Assist local public health and medical authorities with epidemic surveillance and coordination.
- 4) Incorporate Mississippi Board of Animal Health plans into MSDH plans, particularly pandemic influenza plans.
- 5) Review annually, and as deemed necessary, the plan for allocation and distribution of medical countermeasures (antivirals, facemasks, respirators, and ventilators); the updates will be reviewed by the State Epidemiologist and MSDH Department of Policy/Evaluation.
- 6) Encourage private and CIKR sector industries and organizations to procure medical and non-medical countermeasures in accordance with federal guidance.
- 7) Review, exercise, and modify medical countermeasures distribution plans on a periodic basis and as needed.

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- 8) Review national recommendations for priority groups for antivirals and develop state-specific modifications or refinements for target groups.
- 9) Develop specific definitions for target groups for antivirals, identifying occupational categories and sub-categories, as needed, within each broad target and estimating the size of relevant target groups.
- 10) Maintain stockpiles of medical and non- medical supplies.
- 11) Prepare plans and procedures for statewide distribution of medical and non-medical supplies utilizing internal and external resources.
- 12) Develop plans for distribution of antivirals, facemasks, respirators, and ventilators. Conduct training for public health staff and partners involved in distributing and administering antivirals and ensure redundancy of knowledge and responsibility for pandemic activities.
- 13) Coordinate distribution plan with neighboring states and Mississippi Band of Choctaw Indians.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Requirements include supporting and facilitating multi-agency and multi-jurisdictional planning and coordination for operations. This includes alert and notification, deployment and staffing of the State Emergency Response Teams (SERT) and other emergency response teams, incident action planning, coordination of operations, logistics and material, direction and control, information management, requests for federal assistance, resource acquisition and management, worker safety and health, facilities management, financial management, and other support as required. Identify the requirements of the State and the political subdivisions thereof for resources of all kinds required in the event of an emergency; plan for the procurement of such supplies, medicines, materials, manpower, and equipment to fulfill those requirements; and employ the property, services, and resources within the state as may be required.
- 2) Recommend and draft executive orders, proclamations, regulations, and agreements deemed necessary or appropriate to cope with emergency management needs including assisting in the procurement of resources to respond to disasters and emergencies.
- 3) Manage the flow of non-medical commodities and goods, along with other resources to help meet the needs and requirements of a disaster response.
- 4) Coordinate resource allocation and tasking through ESF 5 using the MEMA mission assignment process and other procedures outlined in the CEMP Basic Plan and applicable Standard Operating Guides (SOGs). The Logistics branch coordinates with other State agencies on purchasing and procurement of supplies and helps secure pre-disaster contracts.
- 5) Administer and direct federal and state disaster assistance programs.
- 6) Assume primary responsibility for the coordination and release of any and all disaster/emergency-related information to the public.

B. Mississippi Board of Pharmacy

- 1) Provide certified personnel and emergency medication/ pharmaceutical resources.
- 2) Assist with health and medical care of the affected population.

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- C. Mississippi Department of Finance and Administration
 - 1) Coordinate the appropriation of financial and supplemental resources.
 - 2) Provide for procurement through emergency purchases and contracts.
- D. Mississippi Military Department
 - Assist in non-medical commodity distribution.
- E. Mississippi Public Service Commission
 - Assist the Department of Finance and Administration and MEMA in the management of resources.
- F. Mississippi State Department of Health
 - 1) Coordinate overall public health and medical emergency response efforts across all state departments and agencies.
 - 2) Provide leadership in directing, coordinating, and integrating the overall state efforts to provide health, medical, public health, mortuary/victim identification, personnel, supplies, equipment and some social services assistance to the affected area.
 - 3) Evaluate the incident with its partner organizations and make recommendations to the appropriate public health and medical authorities regarding the need for quarantine, shelter-in-place, or isolation to prevent the spread of disease.
 - 4) Provide the most up-to-date information to the medical community and other stakeholders regarding antivirals, facemasks, respirators and ventilators.
 - 5) Provide the foundation for all warehouse activities for distribution of medical countermeasures, including receiving, storing, staging and distribution of materiel.
 - 6) Activate the plan for distribution of antivirals and if necessary the (MSDH SNS Plan). as recommended by the Centers for Disease Control and Prevention (CDC) for deployment of antivirals and other medical countermeasures to the States.
 - 7) Process orders for distribution of medical countermeasures; manage federally received medical countermeasures supply inventory.
 - 8) Manage the flow of medical commodities, medical personnel and equipment to meet the needs and requirements of a pandemic influenza response.
 - 9) Continue full activation of the plan for distribution of antivirals (MSDH SNS Plan), as appropriate for receiving antivirals and other medical countermeasures from the SNS.

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi Department of Public Safety - Office of Homeland Security
 - 1) Capture and evaluate the impact of pandemic influenza on CIKR sector organization and industries in accordance with the NIPP.
 - 2) Identify opportunities for revisions to policies, procedures and technology needed to improve continuity and safety of CIKR sectors in the future.
- B. Mississippi State Department of Health
 - 1) Prepare for a second wave.
 - 2) Inventory antivirals and medical countermeasure supplies
 - 3) With assistance from partner agencies, will evaluate overall success of antiviral drug administration and response activities and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi 2009 State Health Plan
 - 2) Mississippi State Department of Health
 - a) District/County Health Administration
 - b) Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, 2008
 - c) Public Health Field Services
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
 - 1) Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)
 - 2) Mississippi County Comprehensive Emergency Management Plans and Support and Incident Annexes (available from individual counties)
 - 3) U.S. Department of Health and Human Services Guidance on Allocating and Targeting Pandemic Influenza Vaccine

Section II.AA

Integrate Federal, State, Local, Tribal and Territorial Government with Public- and Private- Sector CIKR Protection, Planning, Preparedness, Response and Recovery Activities

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Emergency Management Agency

Supporting Agencies and Organizations

Mississippi Department of Public Safety – Office of Homeland Security

Mississippi State Department of Health

The National Response Framework (NRF) aligns the range of federal incident management and emergency response plans into an effective and efficient structure. Together the NRF and the National Incident Management System (NIMS) integrate the capabilities and resources of various governmental jurisdictions, incident management and emergency response disciplines, nongovernmental organizations, and the private sector into a cohesive, coordinated, and seamless national framework for domestic incident management. Specifically, the NIMS provides a nationwide template enabling federal, state, local and tribal governments and private sector and nongovernmental organizations to partner and work together efficiently to prevent, prepare for, respond to, and recover from domestic incidents, including pandemics. The Mississippi Comprehensive Emergency Management Plan (CEMP) applies to all state departments and agencies that may be requested to provide assistance or conduct operations in actual incidences. These incidences require a coordinated response by an appropriate combination of local, state, federal, tribal, private sector and non-governmental entities. The CEMP and the Mississippi State Department of Health (MSDH) Emergency Service Function (ESF) 8 Concept of Operations Plan for Public Health and Medical Emergencies (CONOPS Plan) provide an organizational structure to allow emergency medical services personnel and healthcare facilities to work together in a collaborative way and to provide assistance in situations where local resources are overwhelmed.

This subsection is based on policies and procedures contained in the CEMP, the MCIPP, the NIPP and the NRF. The NIMS provides a framework that establishes the mechanisms to, among other things:

- Improve coordination and integration of public and private partners.
- Maximize efficient use of resources needed to protect and restore the state's Critical Infrastructure and Key Resource Sectors.
- Improve incident communications and awareness between the public and private sectors
- Facilitate federal emergency support to local, state and tribal governments.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Establish policies and standards for the development of emergency management plans, procedures, and programs by local and inter-jurisdictional entities for integrating into and coordinating with the statewide plan and programs.
- 2) Maintain liaison and cooperate with emergency management agencies and organizations of other states, the federal government, local government and the private and CIKR sectors in implementing programs for disaster mitigation/prevention, preparedness, response, and recovery.
- 3) Provide emergency planning assistance to state agencies and local governments to include the Mississippi Band of Choctaw Indians, as well as regional and national emergency planning initiatives.
- 4) Provide an extensive array of training opportunities for local and state emergency managers, public officials, members of volunteer relief organizations and professionals in related fields.
- 5) Oversee required local jurisdiction exercise activities that simulate emergency management operations for specifically stated purposes.
- 6) Establish and maintain a system for the management and coordination of emergency response and recovery operations, employing the Incident Command System as described in the National Incident Management System.

B. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Designate liaison to 17 Critical Infrastructure and Key Resources (CIKR) sectors for all emergency management program activities to include pandemic influenza preparedness, response and recovery.
- 2) Provide suggestions for protective measures.
- 3) Facilitate planning, training and exercise opportunities for CIKR sectors.
- 4) Establish and maintain the Homeland Security Information Network (HSIN) on behalf of the state. HSIN is the primary means of State/CIKR communications for all-hazards information (including pandemic influenza).
- 5) Establish an ongoing exchange of information between the State of Mississippi and CIKR sectors to support situational awareness.

C. Mississippi State Department of Health

- 1) Position emergency response coordinators in each district, with the direct responsibility of strengthening ties with the community and helping integrate public health into local emergency response efforts.
- 2) Serve as the lead agency for the Pandemic Influenza Steering Committee. (As set forth in Executive Order dated July 29, 2009, the Steering Committee is a forum to solicit input regarding pandemic influenza emergency preparedness and response plans and their implementation. As such, the Steering Committee shall be the venue through which emergency preparedness plans are vetted).

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Coordinate public information dissemination via the Joint Information Center.
- 2) Establish and maintain a damage assessment, collection and reporting system.

B. Mississippi Department of Public Safety – Office of Homeland Security

Provide for information exchange between the local, state, federal and tribal government and the CIKR sector organizations and industries through the Homeland Security Information Network (HSIN).

C. Mississippi State Department of Health

- 1) Once pandemic influenza virus activity is detected in the state, active surveillance will be implemented and information will be provided to treating physicians, public health planners, and governmental leaders throughout the state to maximize the effectiveness of the response by all available electronic means (e.g., MSDH website, Health Alert Network (HAN)). Information will also be provided to the public through the media. In addition, surveillance information relevant to CIKR sector entities will be channeled through the Mississippi Homeland Security Information Network (HSIN) and the Mississippi Office of Homeland Security.
- 2) Upon activation, provide liaison to the State Emergency Operations Center (SEOC). Once the SEOC is activated, the ESF-8 Incident Command will prepare incident action plans (IAP) and situation reports for key decision-makers. Updated IAPs will be disseminated.
- 3) Key partners and CIKR Sectors will be notified of current threat and recommendation will be made to activate their facility's pandemic influenza response plan. Notification will also include recommendations for the enhancement of security at facilities.
- 4) The ESF 8 Public Information/Emergency Communications Officer will initiate communication with local and national counterparts as directed by the Incident Commander.
- 5) The ESF 8 Public Information/Emergency Communications Officer will interface with appropriate counterparts at the national level.
- 6) Utilize the HAN, HSIN and the MSDH website to make information widely available to all personnel with decision-making responsibilities in the pandemic influenza response as well as all CIKR Sectors.
- 7) Utilize MSDH website, HAN, HSIN, telephone, e-mail, blast fax, and media releases to communicate real-time information to all levels of MSDH leadership down to the county level, to the Office of Vital Statistics, to county medical examiners/coroners, to hospitals with assistance from the Mississippi Hospital Association, and to State-level leadership including MEMA, the Mississippi Office of Homeland Security, and the Office of the Governor.
- 8) Authorize dissemination of PI information to external media, internal stakeholders, and cooperating state and federal agencies.

3. Post-Pandemic Recovery Tasks and Responsibilities

- A. Mississippi Emergency Management Agency
Provide assistance to citizens, local governments, non-profit associations, state agencies and businesses to help aid in recovery from disasters.
- B. Mississippi Department of Public Safety - Office of Homeland Security
 - 1) Capture and evaluate the impacts of pandemic on CIKR sector organizations and industries in accordance with the NIPP.
 - 2) Identify opportunities for revisions to policies, procedures and technology needed to improve continuity and safety of CIKR sectors in the future.
- C. Mississippi State Department of Health
 - 1) Prepare for a second wave.
 - 2) Inventory antivirals and medical countermeasure supplies.
 - 3) With assistance from partner agencies, will evaluate overall success of administration and response activities and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

- A. Attachments
None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
 - a. Mississippi CEMP Letter of Agreement
 - b. Mississippi CEMP Support and Incident Annexes
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
None submitted
- D. Mississippi law (statutory and regulatory references)
None submitted
- E. Memoranda of understanding and agreements
None submitted
- F. Federal and other laws, plans, guidance and reports
 - 1) Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)
 - 2) Mississippi County Comprehensive Emergency Management Plans and Support Incident Annexes (available from individual counties)

Section II.BB

Allocate Scarce Resources

Coordinating Emergency Support Function

ESF 5 – Emergency Management

Primary Agency

Mississippi Emergency Management Agency

Supporting Agencies and Organizations

Mississippi Governor's Office

Mississippi Board of Pharmacy

Mississippi Department of Finance and Administration

Mississippi Department of Public Safety – Office of Homeland Security

Mississippi Public Service Commission

Mississippi State Department of Health

The State of Mississippi and many owners and operators of CIKR sector organizations and industries, first responder organizations and local emergency management programs have developed strategies, policies, plans and procedures designed to prevent, mitigate, prepare, respond and recover from a wide array of natural and human caused incidents. The everyday public-private coordination structures, information-sharing networks, and risk management frameworks used in state infrastructure protection work in conjunction with and in support of other state and local plans in an all-hazard context. These formalized efforts are widely accepted, implemented and practiced across the state. The activities and processes described in this subsection apply to the State of Mississippi as a whole with provision for application to CIKR sectors and other targeted groups as appropriate.

The State of Mississippi's Comprehensive Emergency Management Plan (CEMP) is an all-discipline, all-hazards plan that establishes a single, comprehensive framework to enable all levels of government in partnership with other stakeholders to effectively prepare for, respond to and recover from emergencies and disasters. The CEMP applies to all state departments and agencies that may be requested to provide assistance or conduct operations in actual incidences. These incidences require a coordinated response by an appropriate combination of federal, state, local, tribal, private sector and non-governmental entities.

The Logistics Management Annex to the CEMP provides the overarching framework through which coordinated and expedient logistics operations will be conducted in support of CEMP implementation.

The Mississippi Critical Infrastructure Protection Plan (MCIPP) is designed utilizing the U.S. Department of Homeland Security National Infrastructure Protection Plan (NIPP) as the model to address Infrastructure Protection within the borders of Mississippi to provide protection and resiliency in an all-hazards environment. The MCIPP will identify, prioritize, and assess the vulnerabilities of critical infrastructure and key resources in the state, and develop effective

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strategies for strengthening their security and protection. Identifying CIKR assets in Mississippi is carried out through the Mississippi Infrastructure Working Group.

This subsection is based on policies and procedures established within these three documents and serves as an Incident Annex to the CEMP. Security for the activities identified in this section is addressed in Section II.U. Public Safety and Law Enforcement, of this annex as well as ESF 13 of the CEMP.

The following describes preparedness, response and recovery roles, responsibilities and activities of state departments and agencies relevant to pandemic influenza and will be leveraged in support of CIKR sector organizations and industries.

1. Prevention and Preparedness Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Establish policies and standards for the development of emergency management plans, procedures, and programs by local and inter-jurisdictional entities for integrating into and coordinating with the statewide plan and programs.
- 2) Maintain liaison and cooperate with emergency management agencies and organizations of other states, the federal government and the private sector in implementing programs for disaster mitigation/ prevention, preparedness, response, and recovery.
- 3) Establish and maintain a system for the management and coordination of emergency response and recovery operations, employing the Incident Command System as described in the National Incident Management System.
- 4) Emergency Support Function 7 will assist MSDH with procurement and pre-disaster contracts procedures as required by the MSDH Logistics Section.
- 5) Establish pre-negotiated contracts for specific non-medical items (shelf stable meals, bottle water, ice, fuel and base camps).
- 6) Logistics Section conducts preparedness and training activities with WebEOC and develops commodity management program for support agency personnel and MEMA reservists.
- 7) Establish Memoranda of Understanding (MOU) with local, state and federal agencies to support operational readiness.
- 8) Maintain a logistics warehouse for the storage of water, meals, cots and tarps to meet an initial need during a disaster.
- 9) Obtain information from counties and tribal governments on County Staging Area and Point of Distribution sites for receiving non-medical commodities (e.g., shelf-stable meals, water, ice and tarps).
- 10) Review anticipated needs and logistics requirements for various hazard types and possible quantities needed to support requirements.
- 11) Identify resources including state-owned supplies, equipment and services to meet anticipated requirements.
- 12) Establish and communicate logistics policies, procedures and plans.
- 13) Coordinate with FEMA Region IV.

B. Mississippi Department of Finance and Administration

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- 1) Maintain vendor relationships and standby contracts with vendors to support operational requirements.
- 2) Maintain a qualified providers list of vendors with supplies and services offered.
- 3) Assist state agencies in procedures for pre-negotiating, establishing and maintaining key contracts with vendors who supply critical resources and essential services for the state and supporting agreements for local government officials who purchase from those agreements.

C. Mississippi Department of Public Safety - Office of Homeland Security

- 1) Designate liaison to 17 CIKR sectors for all emergency management program activities to include pandemic influenza preparedness, response and recovery.
- 2) Provide suggestions for protective measures.
- 3) Develop planning, training and exercise opportunities for CIKR sectors.
- 4) Establish and maintain the Homeland Security Information Network (HSIN) on behalf of the state. HSIN is the primary means of state/CIKR communications for all-hazards information (including pandemic influenza).
- 5) Establish an ongoing exchange of information between the State of Mississippi and CIKR sectors to support situational awareness.
- 6) Assess the extent to which CIKR owners and operators in the state have pre-negotiated, established, and maintained contracts with vendors who supply critical resources and essential services for all essential CIKR within the state.
- 7) Prioritize mission critical personnel and essential public- and private-sector CIKR organizations and businesses in the state for resource stockpile support vital to sustaining CIKR operations.
- 8) Advise and inform CIKR businesses and organizations within the state to pre-negotiate, establish, and maintain key contracts with vendors who supply their critical resources and essential services.
- 9) Identify public- and private-sector organizations/businesses that play central roles in essential CIKR sectors.

D. Mississippi State Department of Health

- 1) Provide information on any public health statements or precautions.
- 2) Position emergency response coordinators in each district with the direct responsibility of strengthening ties with the community and helping integrate public health into local emergency response efforts.
- 3) Conduct epidemic surveillance in coordination with local and tribal authorities.
- 4) Incorporate Mississippi Board of Animal Health (MBAH) plans into MSDH plans, particularly pandemic flu plans.
- 5) Review annually and as necessary the plan for allocation and distribution of medical countermeasures (antivirals, facemasks, respirators, and ventilators); updates will be reviewed by the State Epidemiologist and MSDH Department of Policy/Evaluation.
- 6) Encourage private and CIKR sector industries and organizations to procure medical and non-medical countermeasures in accordance with federal guidance.
- 7) Review, exercise, and modify medical countermeasures distribution plans on a periodic basis and as needed.
- 8) Review national recommendations for priority groups for antivirals and develop state-specific modifications or refinements for target groups.
- 9) Develop definitions for target groups for antivirals, identifying occupational categories and sub-categories, as needed, within each broad target and estimating the size of relevant target groups.

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- 10) Maintain stockpiles of medical and non- medical supplies.
- 11) Prepare plans and procedures for state-wide distribution of medical and non-medical supplies utilizing internal and external resources.
- 12) Develop plans for distribution of antivirals, facemasks, respirators, and ventilators. Conduct training for public health staff and partners involved in distributing and administering antivirals and ensure redundancy of knowledge and responsibility for pandemic activities.
- 13) Coordinate distribution plan with neighboring states and Mississippi Band of Choctaw Indians tribal government.

2. Pandemic Response Tasks and Responsibilities

A. Mississippi Emergency Management Agency

- 1) Support and facilitate multi-agency and multi-jurisdictional planning and coordination for operations. This includes alert and notification, deployment and staffing of the State Emergency Response Team (SERT) and other emergency response teams, incident action planning, coordination of operations, logistics and material, direction and control, information management, requests for federal assistance, resource acquisition and management, worker safety and health, facilities management, financial management, and other support as required.
- 2) Recommend and draft executive orders, proclamations, regulations, and agreements deemed necessary or appropriate to cope with emergency management needs including assisting in the procurement of resources to respond to disasters and emergencies.
- 3) Manage the flow of non-medical commodities and goods along with other resources during the response to a disaster to help meet the needs and requirements of a disaster response.
- 4) Establish and maintain a damage assessment, collection and reporting system.
- 5) Coordinate public information dissemination via the Joint Information Center.
- 6) Coordinate State Mutual Aid Compact (SMAC) and Emergency Management Assistance Compact (EMAC) requests from state and local governments.
- 7) Coordinate and direct federal assistance resources.
- 8) Coordinate resource allocation and tasking through ESF 5 using the MEMA mission assignment process and other procedures outlined in the Mississippi Comprehensive Emergency Management Plan (CEMP) Base Plan and applicable Standard Operating Guides (SOGs).
- 9) Upon activation, the Logistics Section will be staffed by directed agencies and reservists to perform required logistical functions to meet response needs.
- 10) Upon activation, the logistics section will locate goods and services as required to support requests for assistance approved by duty mission assignment operations officer.
- 11) Administer and direct federal and state disaster assistance programs.
- 12) Assume primary responsibility for the coordination and release of any and all disaster/emergency-related information to the public.

B. Mississippi Governor's Office

In accordance with MS Code 33-15, section 2, b. (16), MS Code 33-15-11 "...control, restrict and regulate by rationing, freezing, use of quotas, prohibitions on shipments, price fixing, allocation or other means, the use, sale or distribution of food, feed, fuel, clothing and other commodities, materials, goods or services."

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C. Mississippi Board of Pharmacy

- 1) Assist in recruitment of pharmacists and certified pharmacy technicians.
- 2) Assist in identifying sources of emergency medication and pharmaceutical resources.
- 3) Review and authenticate medical and professional licenses and certification for in-state use for volunteers.

D. Mississippi Department of Finance and Administration

- 1) Coordinate the appropriation of financial and supplemental resources.
- 2) Provide for procurement through emergency purchases and contracts.

E. Mississippi Military Department

- 1) Assist as directed in commodity transportation/distribution.
- 2) Be prepared to provide ground and air transport of supplies, equipment and personnel in support of the Logistics Section and ESF 7.
- 3) Be prepared to manage and operate a second state staging area in support of distribution of commodities and equipment based on event requirements.

F. Mississippi Public Service Commission

Assist the Department of Finance and Administration and MEMA in the management of resources.

G. Mississippi State Department of Health

- 1) Coordinate overall public health and medical emergency response efforts across all state departments and agencies.
- 2) Provide leadership in directing, coordinating, and integrating the overall state efforts to provide health, medical, public health, mortuary/victim identification, personnel, supplies, equipment and some social services assistance to the affected area.
- 3) Provide up-to-date information to the medical community and other stakeholders to include CIKR sectors regarding antivirals, facemasks, respirators and ventilators.
- 4) Provide the foundation for all warehouse activities for distribution of medical countermeasures, including receiving, storing, staging and distribution.
- 5) Upon recommendation by the CDC for deployment of antivirals and other medical countermeasures to the states, the MSDH will fully activate the plan for distribution of antivirals and if necessary the state SNS Plan.
- 6) Process orders for distribution of medical countermeasures; manage federally received medical countermeasures supply inventory.
- 7) Manage the flow of medical commodities, medical personnel and equipment to meet the needs and requirements of a Pandemic Influenza response.

H. Mississippi Department of Transportation

- 1) Assist and provide the Logistics Section with routes for movement of commodities and supplies to affected counties staging areas.
- 2) Assist the Logistics Section with coordination and planning transportation.

3. Post-Pandemic Recovery Tasks and Responsibilities

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- A. Mississippi Emergency Management Agency (MEMA)
Administer and direct federal and state disaster assistance programs.
- B. Mississippi Department of Public Safety - Office of Homeland Security
 - 1) Capture and evaluate the impacts of pandemic on CIKR sector organization and industries.
 - 2) Identify opportunities for revisions to policies, procedures and technology needed to improve continuity and safety of CIKR sectors in the future.
- C. Mississippi State Department of Health
 - 1) Prepare for successive waves.
 - 2) Inventory medical and non-medical countermeasure supplies.
 - 3) With assistance from partner agencies, will evaluate overall success of medical and non-medical response activities and submit this data for inclusion in an After Action Report (AAR).

4. Supporting Capabilities, Programs and Policies

- A. Attachments--- None submitted
- B. State plans and procedures (statewide, multi-agency)
 - 1) Mississippi Comprehensive Emergency Management Plan (CEMP)
CEMP Support Annexes
 - 2) Mississippi Critical Infrastructure Protection Program
- C. Agency/department materials (agency or department-specific)
 - 1) Mississippi 2009 State Health Plan
 - 2) Mississippi State Department of Health
 - a) District/County Health Administration
 - b) Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, 2008
 - c) Public Health Field Services
- D. Mississippi law (statutory and regulatory references)--None submitted
- E. Memoranda of understanding and agreements---None submitted
- F. Federal and other laws, plans, guidance and reports
 - 1) Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (Restricted)
 - 2) Mississippi County Comprehensive Emergency Management Plans and Support and Incident Annexes (available from individual counties)
 - 3) U.S. Department of Health and Human Services Guidance on Allocating and Targeting Pandemic Influenza Vaccine

Section III: Administration and Logistics

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The Mississippi Pandemic Influenza Incident Annex is developed as an annex to the Mississippi Comprehensive Emergency Management Plan under the authority conveyed by the Governor. The Mississippi State Department of Health is charged with keeping the plan up to date.

Administrative and logistics functions and assignments are set forth in the Mississippi Comprehensive Emergency Management Plan (CEMP). The CEMP describes the State of Mississippi's approach to response and recovery activities related to emergencies and major disasters and establishes policies and procedures by which the state shall coordinate local, state, tribal and federal response to disasters that affect Mississippi. It also utilizes the Emergency Support Function (ESF) concept to marshal and apply state resources and describes the responsibilities of state agencies in executing effective response and recovery operations.

The CEMP Basic Plan establishes fundamental policies and assumptions for statewide emergency management, outlines the state's vulnerabilities to potential hazards, establishes a comprehensive emergency management concept of operations, and outlines federal, state and local relationships and responsibilities. The CEMP Basic Plan includes planning assumptions, roles and responsibilities, a concept of operations and incident management actions which incorporate NIMS principles. Overarching administrative and logistics functions are thoroughly identified within the CEMP Basic Plan.

The second section of the CEMP contains guidance for Emergency Support Functions (ESFs). It identifies the specific activities required to support each numbered function and specifies the agencies and organizations that are responsible for performing those activities. The ESFs defined within the CEMP further identify and delineate administrative and logistics functions. Detailed procedures to support each ESF have been developed by the primary ESF and support agencies in the form of Interagency Coordination Procedures (ICPs), Standard Operating Procedures (SOPs), and Standard Operating Guides (SOGs).

The third section of the CEMP contains the Support Annexes that describe the framework through which state, local, and tribal entities, volunteer and non-governmental organizations coordinate and execute the common functional processes and administrative requirements necessary for efficient and effective incident management.

The fourth and concluding section of the CEMP contains Incident Annexes, which deal with specific catastrophic and unique hazards. These annexes address special considerations and priorities generated by particular hazards affecting the state and the corresponding actions required to cope with them.

Adherence to standard administrative procedures is critical to ensure that resources to support response and recovery activities are accurately tracked and accounted for. Standard administrative practices also support proper accounting in order to obtain any reimbursement provided through disaster assistance programs.

Emergency response agencies must develop and integrate administrative procedures into their plans. It is essential that all management officials follow the administrative practices required by State law and the administrative practices of their agencies.

The Mississippi Pandemic Influenza Incident Annex is intended to be used in conjunction with city, county, operational area and state agency plans and associated standard operating

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procedures (SOP). Where supporting plans are inconsistent with the general principles described in the Mississippi Pandemic Influenza Incident Annex, the State plan will supersede supporting plans.

Section IV: Plan Maintenance and Documentation

A. Plan Maintenance

The Mississippi Pandemic Influenza Incident Annex will be reviewed at a minimum of every two years (per the mandated review cycle of the CEMP). In the interim period, a review may be initiated due to a significant change in the planning guidance and assumptions, as well as changes in the anticipated resources available to support a pandemic response. Requests for interim revisions should be made to the Mississippi State Department of Health, which will coordinate with the Mississippi Pandemic Influenza Preparedness and Response Planning Steering Committee to determine the need for and the scope of any modifications to the Annex.

The Mississippi State Department of Health has selected the Living Disaster Recovery Planning System software (SunGard Availability Services, LP) to serve as the centralized, online repository for collecting, preserving, updating and disseminating the Mississippi Pandemic Influenza Preparedness and Response Annex and its associated references. The electronic repository structure allows electronic updating of the Annex by multiple contributors from their home locations. It also will save planners, reviewers and emergency responders' time and energy in information retrieval. The electronic repository documents will be reviewed annually and revised as necessary.

B. CONTRIBUTING AGENCIES/ORGANIZATIONS

The following are the contributing agencies/organizations to the Mississippi Pandemic Influenza Incident Annex:

- MS Association of Independent Schools
- MS Attorney General's Office
- MS Band of the Choctaw Indians
- MS Board of Animal Health
- MS Board of Nursing
- MS Board of Pharmacy
- MS Board of Trustees of State Institutions of Higher Learning
- MS Commission for Volunteer Service
- MS Coroners Association
- MS Dental Association
- MS Department of Agriculture and Commerce
- MS Department of Banking and Consumer Finance
- MS Department of Corrections
- MS Department of Education
- MS Department of Employment Security

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- MS Department of Environmental Quality
- MS Department of Finance and Administration
- MS Department of Human Services
- MS Department of Marine Resources
- MS Department of Mental Health
- MS Department of Public Safety
- MS Office of Homeland Security (Department of Public Safety)
- MS Department of Rehabilitation Services
- MS Department of Transportation
- MS Department of Information Technology Services
- MS Department of Wildlife, Fisheries and Parks
- MS Clinical Laboratories
- MS Development Authority
- MS Division of Medicaid
- MS Economic Council
- MS Emergency Management Agency
- MS Funeral Directors Association
- MS Funeral Directors and Morticians Association
- MS Healthcare Organizations
- MS Hospitals
- MS Hospital Association
- MS Insurance Department
- MS Manufacturers Association
- MS Military Department
- MS Port Authority
- MS Public Broadcasting
- MS Public Service Commission
- MS State Board for Community and Junior Colleges
- MS State Board of Funeral Services
- MS State Medical Examiner's Office
- MS State Board of Medical Licensure
- MS State Department of Health

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- MS State Supreme Court
- MS State University Extension Service
- MS Dept. of Revenue
- MS Trucking Association
- MS Voluntary Organizations Active in Disasters
- Mississippi Veterinary Research and Diagnostic Laboratory
- MS Wireless Communication Commission
- MS Worker's Compensation Commission
- MS Governor's Office
- University of Mississippi Medical Center

Section V: Authorities and References

A. Legal Authorities

The Plan is formatted in a manner that is consistent with the Federal Comprehensive Planning Guide 101, Federal Guidance to Assist States in Improving State Level Pandemic Influenza Operating Plans, the National Response Framework and the Mississippi Comprehensive Emergency Management Plan.

The Mississippi Pandemic Influenza Incident Annex is developed in accordance with existing federal and state statutes including:

- *Mississippi Code Ann. Section 41-3-5* - The State Health Officer has authority for direction and control of resources to respond to a public health emergency.
- *Mississippi Code Ann. Section 41-23-5* - The Mississippi State Department of Health has the authority to investigate and control the causes of epidemic, infectious and other disease affecting the public health including the authority to establish, maintain, and enforce isolation and quarantine and in, pursuance thereof, to exercise such physical control over property and individuals as the department may find necessary for the protection of public health.
- *The fully promulgated State of Mississippi Comprehensive Emergency Management Plan (CEMP)* - This Plan provides the organizational structure for emergency and disaster response at the local and State level, and coordination with the federal level.

B. REFERENCES

Referenced document	Referenced in (Section.Subsection)
<i>State plans and procedures (statewide, multi-agency)</i>	
<ul style="list-style-type: none"> • Mississippi Comprehensive Emergency Management Plan (CEMP) <ul style="list-style-type: none"> ○ Letter of Agreement ○ ESF 1, Transportation ○ ESF 2, Communications ○ ESF 7, Resource Support ○ ESF 5, Emergency Management ○ ESF 8, Health and Medical Services ○ ESF 11, Animals, Agriculture and Natural Resources ○ ESF 13, Public Safety and Security ○ ESF 14, Long-term Recovery and Mitigation ○ ESF 15, External Affairs 	I, II.A; II.B; II.C; II.D; II.E; II.F; II.G; II.H; II.J; II.K; II.L; II.M; II.N; II.O; II.P; II.Q; II.R/S; II.U; II.V; II.W; II.X; II.Y; II.Z; II.AA; II.BB II.V; II.AA II.K; II.L; II.N II.O II.BB II.A; II.A; II.G; II.I; II.J; II.K; II.L; II.N; II.P; II.Q II.C II.K; II.L; II.N; II.U II.A; II.P II.A; II.O; II.P; II.Q

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Referenced document	Referenced in (Section.Subsection)
○ Support and Incident Annexes	II.C; II.D; II.V; II.W; II.X; II.Y; II.AA; II.BB
• Mississippi Critical Infrastructure Protection Program	II.C; II.D; II.P; II.V; II.W; II.X; II.Y; II.Z; II.AA; II.BB
• Mississippi Radiological Emergency Preparedness Plan (REPP)	
○ MS REPP 10.1 Annex E: Protective Actions	II.F
○ MS REPP 10.1 Annex F: Evacuation	II.F
○ MS REPP 10.1, Annex G: Radiological Exposure Control	II.F
• Mississippi Statewide Mutual Aid Compact (SMAC), 2000	II.F; II.U
• Mississippi State Personnel Board Personal and Professional Services Contract Procedures Memorandum	II.A
• Mississippi State Personnel Board Policies and Procedures Manual, chapters 6 and 7	II.A
• State and School Employees Health Insurance Plan	II.A
• State of Mississippi Technology Infrastructure and Architecture Plan	II.O
Agency/department materials (plans, procedures, programs)	
• 2009 MPHL Avian Influenza Specimen Collection Referral Guidance	II.G
• Acknowledgement of Vaccine Transfer and Receipt	II.K
• Agenda Mass Fatality Conference 2010	II.N
• Alternate Care Facility	II.M
• Alternate Care Facility Evacuation Plan	II.M
• Alternate Care Site EOP Plan	II.M
• At Risk Committee	II.M
• Attachment IIMa – Expanding Healthcare Services to Alternate Care Sites	II.M
• Board of Animal Health Continuity of Operations Plan	II.C
• Clinical Recommendations for Antiviral Use	II.K
• Contact lists of additional subject matter experts outside MSDH	II.O
• Culturally appropriate material (<i>MS PI Preparedness and Response Plan 2008, V.D.5.d</i>)	II.O
• Department of Finance and Administration Social	II.A; II.P

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Referenced document	Referenced in (Section.Subsection)
Distancing for Capitol Facilities Policy	
<ul style="list-style-type: none"> Department of Finance and Administration Telecommuting Policy (<i>Draft</i>) 	II.A; II.P
<ul style="list-style-type: none"> Developing/disseminating information to the general public 	II.O
<ul style="list-style-type: none"> Emergency Operations Plan re: patient care of at risk populations 	II.M
<ul style="list-style-type: none"> Estimating the Potential Impact of PI on the State of Mississippi 	II.M
<ul style="list-style-type: none"> Flu Specimen Collection and Testing Information 	II.G
<ul style="list-style-type: none"> HZ 4-1-1 Call Policy 	II.M
<ul style="list-style-type: none"> Influenza Specimen Collection Guidelines 	II.G
<ul style="list-style-type: none"> Mass Casualty Brochure 	II.N
<ul style="list-style-type: none"> Medicaid BCP Plan 	II.A
<ul style="list-style-type: none"> Mississippi Immunization and Information Exchange (MIIX) System 	II.K; II.L
<ul style="list-style-type: none"> Mississippi Statewide Pandemic Human Resources Questions and Answers Update 	II.A
<ul style="list-style-type: none"> Monitoring Community Impact of Influenza-Related Illness 	II.G
<ul style="list-style-type: none"> Monitoring Vaccine Safety and Efficacy and Reporting Adverse Events 	II.L
<ul style="list-style-type: none"> MPHL Influenza Testing Algorithms 	II.G
<ul style="list-style-type: none"> MS 911 Document 05-2010 	II.R/S; II.U
<ul style="list-style-type: none"> MS Board of Animal Health Continuity of Operations Plan 	II.B
<ul style="list-style-type: none"> MS Board of Animal Health Guidance for Protection of Poultry Responders During an of a Novel Avian Influenza Virus in Poultry 	II.G
<ul style="list-style-type: none"> MS Board of Animal Health National Veterinary Stockpile Plan (draft) 	II.B
<ul style="list-style-type: none"> MS Board of Animal Health Zoonotic Influenza Surveillance and Response Protocol 	II.G
<ul style="list-style-type: none"> MS Department of Agriculture and Commerce Continuity of Operations Plan 	II.B
<ul style="list-style-type: none"> MS Department of Corrections Pandemic Influenza Plan 	II.U
<ul style="list-style-type: none"> MS Department of Information Technology Services Continuity of Operations Plan 	II.B
<ul style="list-style-type: none"> MS Department of Information Technology Services Infrastructure and Architecture Plan 	II.O
<ul style="list-style-type: none"> MS Department of Mental Health Continuity of 	II.B

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Referenced document	Referenced in (Section.Subsection)
Operations Plan	
<ul style="list-style-type: none"> MS Department of Transportation CETRP, Annex P, Emergency Assistance Directory 	II.E; II.F
<ul style="list-style-type: none"> MS Department of Transportation Comprehensive Emergency Transportation Response Plan (CETRP) 	II.R/S
<ul style="list-style-type: none"> MS Department of Transportation Continuity of Government (COG)/COOP) Plan <i>(draft)</i> 	II.F
<ul style="list-style-type: none"> MS Emergency Management Agency (MEMA) Media Contact List <i>(FOUO)</i> 	II.O
<ul style="list-style-type: none"> MS EMS Services 	II.R/S
<ul style="list-style-type: none"> MS Food Safety Task Force 	II.C
<ul style="list-style-type: none"> MS Individual Educational Institution Continuity of Operations (COOP) Plans <i>(available from individual institutions)</i> 	II.J
<ul style="list-style-type: none"> MS MED-COM Concept of Operations 	II.R/S
<ul style="list-style-type: none"> MS Public Health Laboratory Novel Influenza Algorithm 	II.G
<ul style="list-style-type: none"> MS RSS Operations Plan – Version 2 	II.K
<ul style="list-style-type: none"> MS State Medical Asset Tracking Tool 	II.M
<ul style="list-style-type: none"> MS Supreme Court Continuity of Operations Plan <i>(confidential)</i> 	II.U
<ul style="list-style-type: none"> MSDH Public Health Laboratory Pandemic (MPHL) Influenza Response Plan 	II.G
<ul style="list-style-type: none"> MSDH 2009 State Health Plan 	II.Z; II.BB
<ul style="list-style-type: none"> MSDH 2009 State Health Plan 	II.Z; II.BB
<ul style="list-style-type: none"> MSDH Avian Influenza Interview Form 	II.G
<ul style="list-style-type: none"> MSDH Clinical Recommendations for Antiviral Use <i>(MS PI Preparedness and Response Plan2008, V.H.5.b)</i> 	II.K
<ul style="list-style-type: none"> MSDH Concept of Operations (CONOPS) Plan 	II.G; II.L; II.M; II.N
<ul style="list-style-type: none"> MSDH Consensus Statement for Monitoring Health 	II.G
<ul style="list-style-type: none"> MSDH Consensus Statement on Isolation and Treatment of Ill Persons <i>(MS PI Preparedness and Response Plan2008, V.G.5.b)</i> 	II.I
<ul style="list-style-type: none"> MSDH Consolidated PIO List 	
<ul style="list-style-type: none"> MSDH Contacts Database 	
<ul style="list-style-type: none"> MSDH Continuity of Operations (COOP) Basic Plan, 2008 	II.B

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Referenced document	Referenced in (Section.Subsection)
• MSDH Countermeasures and Response Administration (CRA) System	II.L
• MSDH Death registry system (<i>under development</i>)	II.N
• MSDH District I through IX COOP plans (<i>available through MSDH districts</i>)	II.B
• MSDH District/County Health Administration	II.Z; II.BB
• MSDH Division of Radiological Health Continuity of Operations Plan, 2008	II.B
• MSDH Employee Call Down Lists	
• MSDH Enhanced Human Surveillance Protocol	II.G
• MSDH First Responder Protection Plan, Annex 10.0, 2008	II.B
• MSDH Guidance for Clinical Procedures for Initial Screening	II.M
• MSDH Guidance for Dismissal of School and Closure of Child Care Programs	II.J
• MSDH Guidelines Regarding Uninsured and Underinsured	II.K; II.L
• MSDH Health Alert Network (HAN)	II.K; II.L
• MSDH Health Informatics Continuity of Operations Plan, 2008	II.B
• MSDH Hospital Mass Fatality Plan Template – Mass Fatality Annex	II.N
• MSDH Hospital Survey Tool for Allocation of Ventilator	II.K
• MSDH Human Resources Continuity of Operations Plan, 2008	II.B
• MSDH ILI Line List	
• MSDH Immunization Manual (<i>available from MSDH upon request</i>)	II.L
• MSDH Incident Command System Staffing Chart	II.B
• MSDH Isolation and Quarantine Plan	II.I
• MSDH Job Action Sheets for Each Receipt, Staging and Storage Site (RSS) Function	II.K; II.L
• MSDH Licensed and Certified Long-Term Care Facilities List	II.K; II.L
• MSDH Licensed Hospitals and Healthcare Centers List (in 2008 Report on Hospitals)	II.K; II.L
• MSDH Mass Fatality Response Plan (<i>draft</i>)	II.N

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Referenced document	Referenced in (Section.Subsection)
• MSDH Media Contact List	II.O
• MSDH Medical Contact List by District	II.M
• MSDH Metropolitan Medical Response Team (MMRT) Field Operations Guide (Draft)	II.N
• MSDH Mississippi All Hazards Mass Fatality Response Plan, Functional Annex 4.1	II.N
• MSDH Multi-Year Training and Exercise Plan	II.B
• MSDH Novel and Pandemic Influenza Case Investigation Form	II.I
• MSDH Novel H1N1 Vaccination Plan 2009	II.L
• MSDH Novel Influenza A SIV Case form	II.M
• MSDH Office of Communications Continuity of Operations Plan, 2008	II.B
• MSDH Office of Emergency Planning and Response Continuity of Operations Plan, 2008	II.B
• MSDH Office of Emergency Preparedness Attachment D – Essential Functions Report	II.A
• MSDH Office of Environmental Health Continuity of Operations Plan, 2008	II.B; II.D
• MSDH Office of the State Epidemiologist Continuity of Operations Plan, 2008	II.B
• MSDH Office of the State Health Officer Continuity of Operations Plan, 2008	II.B
• MSDH Investigation Line List Form	II.I
• MSDH Pandemic Risk Communications Plan	II.A; II.O; II.P
• MSDH Plan for Allocation of Facemasks and N95 Respirators	II.K
• MSDH Plan for Allocation of Vaccine	II.L
• MSDH Plan for Monitoring Antiviral Safety and Efficacy and Reporting of Adverse Events	II.K
• MSDH Plan for Receiving, Distributing, and Dispensing Strategic National Stockpile Assets, 2008 (Annex 6.0)	II.K; II.L; II.X; II.Z; II.BB
• MSDH Plan for use of “I Web” and “Sentinel”	II.K; II.L
• MSDH Point of Distribution List (Pharmacy Inventory Management System)	II.K; II.L
• MSDH Policies on Social Distancing	II.B; II.I
• MSDH Policy on Use of N95 and Surgical Masks	II.A
• MSDH Priority Groups and At Risk Populations Guidelines	II.K; II.L

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Referenced document	Referenced in (Section.Subsection)
• MSDH Public Health Field Services	II.Z; II.BB
• MSDH Public Health Laboratory Continuity of Operations Plan, 2008	II.B
• MSDH Public Health Laboratory Influenza Specimen Collection Guidelines	II.G
• MSDH Public Health Laboratory Surge Capacity Plan	II.G
• MSDH Public Health Nursing Manual (<i>available from MSDH upon request</i>)	II.L
• MSDH Public Health Pharmacy Continuity of Operations Plan, 2008	II.B
• MSDH Public Information Communication materials	II.O
• MSDH Receipt, Staging and Storage Site (RSS) Operational Plan: Strategic National Stockpile Plan, Functional annex 6.4	II.K; II.L
• MSDH Receipt, Staging and Storage Site Security plans (<i>confidential</i>)	II.K; II.L
• MSDH Seasonal Influenza Surveillance Algorithm MPHL Instructions for Influenza Sentinel Site Specimen Submittal	II.G
• MSDH Special Needs Plan	II.A; II.B
• MSDH Special Needs Population Contact List	II.O
• MSDH State Medical Asset Resources Tracking Tool (SMARTT)	II.K; II.L; II.M
• MSDH Temporary Absence Guidelines Pandemic Flu	II.A; II.P
• MSDH Vaccine Administration Record (<i>MS PI Preparedness and Response Plan 2008, Attachment K, Form 6</i>)	II.L
• MSDH Vaccine Adverse Event Report System (VAERS)	II.L
• MSDH Victim Identification Program (VIP) Software Protocol	II.M; II.N
• MSDH Voluntary Quarantine of Household Contacts of Ill Individuals	II.I
• MSDH Volunteer In Preparedness (VIPR) System	II.B; II.M; II.N
• Novel H1N1 Update 03-29-10	
• MSDH Office of Epidemiology Attachment A – Staff Roster	II.G

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Referenced document	Referenced in (Section.Subsection)
• MSDH Office of Epidemiology Attachment D – Essential Functions Report	II.G
• Operating Sites for Vaccine Receipt	II.K
• Operational Plan for Two Way Communications	II.U
• Pandemic Influenza Response Plan – Lab	II.G
• Pandemic Influenza Strain Vaccine Order and Doses Administered Form	II.L
• PI Mass Vaccination POD Health Care Instructions for Individuals NOT Receiving Vaccine	II.L
• PI Risk Communication Plan	II.O
• Plan for Allocation of Antivirals	II.K
• Plan for Allocation of Vaccines	II.K
• Point of Distribution Health Information Form Vaccine	II.K; II.L
• Provider Enrollment Form	II.M
• PSAP Summary Document	II.U
• MSDH Public Health Pharmacy Attachment A – Staff Roster	II.M
• MSDH Public Health Pharmacy Attachment D – Essential Functions Support	II.M
• MSDH Public Health Pharmacy Continuity of Operations Plan	II.M
• Standing Orders for Use of Antiviral Agents for Pandemic Influenza	II.K
• Vaccine Return and Wastage Form	II.K
• VIPR and PFA Workshop Flyer	II.M
• VIPR and SMARTT Annexes to EOP	II.M
• VIPR EOP Template	II.M
• Voluntary Quarantine of Household Contacts of Ill Individuals	II.I
• Zoonotic Influenza Surveillance and Response Protocol	II.D
Mississippi law (statutory and regulatory references)	
• §19-5-301, et seq. Mississippi Code of 1972, Emergency Management Law	II.U
• §25-53-171, Mississippi Code of 1972, Wireless Communication Commission	II.R/S
• §33-15-1, et seq., Mississippi Code of 1972, Emergency Management Law	II.E; II.F; II.U
• §33-15-7 (d), Mississippi Code of 1972	II.E

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Referenced document	Referenced in (Section.Subsection)
<ul style="list-style-type: none"> §33-15-11, Mississippi Code of 1972 (closure of any Institution by the Governor under a Declaration of Emergency) 	II.J
<ul style="list-style-type: none"> §37-1-3, Mississippi Code of 1972 (authority and responsibility for development of curriculum) 	II.J
<ul style="list-style-type: none"> §37-13-65, Mississippi Code of 1972 (closure by Superintendent for holidays and emergencies) 	II.J
<ul style="list-style-type: none"> §37-41-27, Mississippi Code of 1972 (authority for local school boards to permit the use of school resources for other purposes during an emergency) 	II.J
<ul style="list-style-type: none"> §37-65-1, Mississippi Code of 1972 (closure by the Governor prior to the Declaration of Emergency (only applies to public schools)) 	II.J
<ul style="list-style-type: none"> §37-65-101, Mississippi Code of 1972 (closure by Board of Trustees for holidays and emergencies) 	II.J
<ul style="list-style-type: none"> §37-151-103, Mississippi Code of 1972, Department of Education Adequate Education Program Fund (adjustments to Attendance-based Reimbursement During a Pandemic) 	II.J
<ul style="list-style-type: none"> §41-23-5, Mississippi Code of 1972 (closure of any institutions by the State Health Officer) 	II.J
<ul style="list-style-type: none"> §45-18-3, Mississippi Code of 1972, Emergency Management Assistance Compact 	II.E; II.F
<ul style="list-style-type: none"> Mississippi Executive Order No. 1022 	II.J
<ul style="list-style-type: none"> Rules of the Mississippi Workers Compensation Commission 	II.P
<ul style="list-style-type: none"> Title 15, Part III, Health Facilities Licensure and Certification, Chapter 41, section 143, Emergency Operations Plan (MSDH Regulations) 	II.B
Memoranda of understanding and agreements	
<ul style="list-style-type: none"> County Site for SNS Point of Distribution 	II.K
<ul style="list-style-type: none"> Memoranda of agreement with MSDH and Community Colleges for use as Alternate Care Sites 	II.M
<ul style="list-style-type: none"> Memorandum of Understanding- Laboratory Support Between the Mississippi Public Health Laboratory Mississippi State Department of Health and the Bureau of Clinical Laboratories Alabama Department of Health 	II.G

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Referenced document	Referenced in (Section.Subsection)
<ul style="list-style-type: none"> Memorandum of Understanding – Laboratory Support Between the Tennessee Public Health Laboratory Tennessee Department of Health and the Mississippi Public Health Laboratory Mississippi Department of Health 	II.G
<ul style="list-style-type: none"> Memorandum of Understanding between Mississippi State Department of Health and MS Department of Education regarding use of schools as SNS sites 	II.J
<ul style="list-style-type: none"> Statewide Pandemic Human Resource Questions and Answers Update 	II.A
<ul style="list-style-type: none"> Mississippi State Mutual Aid Compact (SMAC) 	II.E; II.F; II.R/S; II.U
<i>Federal and external laws, plans, guidance and reports</i>	
<ul style="list-style-type: none"> 29 U.S.C. §§ 2601-2654, Family and Medical Leave Act (FMLA) 	II.A; II.P
<ul style="list-style-type: none"> CDC Infection Control Guidance Documents 	II.M
<ul style="list-style-type: none"> Classifying Employee Exposure to Pandemic Influenza at Work, Occupational Safety and Health Administration (OSHA) 	II.A;
<ul style="list-style-type: none"> Definition of At Risk Populations In a Pandemic, Health & Human Services (HHS) 	II.I
<ul style="list-style-type: none"> Emergency Management Assistance Compact, Government Accountability Office (GAO) Report to the Committee on Homeland Security and Governmental Affairs, U.S. Senate, 2007 	II.E;
<ul style="list-style-type: none"> Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans, Appendix B-11, 2008 	II.Q
<ul style="list-style-type: none"> Guidance on Allocating and Targeting Pandemic Influenza Vaccine (HHS) 	II.X; II.Z; II.BB
<ul style="list-style-type: none"> Guidance on Social Distancing in a Pandemic, Centers for Disease Control & Prevention (CDC) 	II.I
<ul style="list-style-type: none"> Mississippi Critical Infrastructure and Key Resources (CIKR) Sector Emergency Operations Plans (<i>not publicly available</i>) 	II.C; II.D; II.V; II.W; II.X; II.Y; II.Z; II.AA; II.BB
<ul style="list-style-type: none"> Mississippi County Comprehensive Emergency Management Plans, Support and Incident Annexes 	II.V; II.W; II.X; II.Y; II.Z; II.AA; II.BB
<ul style="list-style-type: none"> National Guard Bureau CONPLAN, Response to Pandemic Influenza, 2008 (<i>FOUO</i>) 	II.E
<ul style="list-style-type: none"> Pandemic Influenza Continuity of Operations Annex Template Instructions, Federal 	II.A

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Referenced document	Referenced in (Section.Subsection)
Emergency Management Agency	
<ul style="list-style-type: none"> Severe Influenza Pandemic Aviation Entry Screening, Completed Interim Annex, Miami International Airport, Centers for Disease Control & Prevention (CDC) & Miami-Dade 	II.H
<ul style="list-style-type: none"> United States Northern Command (USNORTHCOM), Draft Pandemic Influenza CONPLAN 2591, 2006 (<i>FOUO</i>) 	II.E
<ul style="list-style-type: none"> United States Northern Command (USNORTHCOM), Regional Pandemic Influenza CONPLAN 3591 (<i>Draft</i>) 	II.E
<ul style="list-style-type: none"> University of Mississippi Medical Center (UMMC) Emergency Operations Plan (<i>available from UMMC</i>) 	II.M

C. GLOSSARY OF ACRONYMS

<u>Acronym</u>	<u>Definition</u>
AAR	After Action Report
ACAMS	Automated Critical Asset Management System
AO	Area of Operations
APIC	Association of Practitioners of Infection Control
ASPR	Assistant Secretary for Preparedness and Response
CAP	Corrective Action Plan
CDC	United States Centers for Disease Control and Prevention
CEMP	Comprehensive Emergency Management Plan
CETRP	Comprehensive Emergency Transportation Response Plan
CIKR	Critical Infrastructure/Key Resources
CONOPS	Concept of Operations
COG	Continuity of Government
COOP	Continuity of Operations Plan
CRA	Countermeasures and Response Administration
DOD	United States Department of Defense
DOS	United States Department of State
DHS	United States Department of Homeland Security
EARS	Early Aberration Reporting System
EAS	Emergency Alert System
ECO	Emergency Coordinating Officer
EMS	Emergency Medical Service
EMAC	Emergency Management Assistance Compact

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<u>Acronym</u>	<u>Definition</u>
EOC	Emergency Operation Center
ESAR-VHP	Emergency System for the Advanced Registration of Volunteer Health Professionals
ESF	Emergency Support Function
EUA	Emergency Use Authorization
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
FHWA	Federal Highway Administration
FMLA	Family and Medical Leave Act
FMS	Financial Management System
FRM	Facility & Records Management
G&T	Office of Grants and Training (DHS)
HSEEP	Homeland Security Exercise and Evaluation Program
HAN	Health Alert Network
HHS	United States Health and Human Services
HSIN	Homeland Security Information Network
IAP	Incident Action Plan
ICP	Interagency Coordinate Procedure
ICS	Incident Command System
IEP	Individualized Education Plan
IND	Investigational New Drug
IS	Information System
ITS	Mississippi Department of Information Technology Services
JIC	Joint Information Center
MBAH	Mississippi Board of Animal Health
MCA	Mississippi Coroners Association
MCC	Mississippi Community Colleges
MCIPP	Mississippi Critical Infrastructure Protection Plan
MCL	Mississippi Crime Lab
MDAC	Mississippi Department of Agriculture and Commerce
MDOT	Mississippi Department of Transportation
MDPS	Mississippi Department of Public Safety
MEMA	Mississippi Emergency Management Agency
MFDA	Mississippi Funeral Directors Association
MFDMA	Mississippi Funeral Director and Mortician Association
MHA	Mississippi Hospital Association
MIIX	Mississippi Immunization and Information Exchange
MJIC	Mississippi Justice Information Center
MMRT	Mobile Mortuary Response Team
MOA	Memorandum of Agreement

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<u>Acronym</u>	<u>Definition</u>
MOHS	Mississippi Office of Human Services
MOU	Memorandum of Understanding
MS	Mississippi
MSDH	Mississippi State Department of Health
MSME	Mississippi State Office of the Medical Examiner
NCIC	National Crime Information Center
NGB	National Guard Bureau
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
NRF	National Response Framework
OEPR	Office of Emergency Preparedness and Response
OHS	Office of Homeland Security
OFM	Office of Foreign Mission
OSHA	United States Occupational Safety and Health Administration
PHEO	Public Health Emergency Officer
PHIN	Public Health Information Network
PI	Pandemic Influenza
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSAP	Public Safety Answering Points
RFID	Radio Frequency Identification System
RSS	Receiving, Storage, and Staging
SEOC	State Emergency Operations Center
SERT	State Emergency Response Team
SMAC	State Mutual Aid Compact
SMARTT	State Asset Resource Tracking Tool
SNP	Special Needs Population
SNS	Strategic National Stockpile (CDC)
SOG	Standard Operating Guide
SOP	Standard Operating Procedure
TAG	The Adjutant General
TEI/TO	Training and Exercise Integration/Training Operations (FEMA)
RTO	Recovery Time Objectives
USDA	United States Department of Agriculture
USDOT	United States Department of Transportation
USG	United States Government
VAERS	Vaccine Adverse Events Reporting System
VIP	Victim Identification Program
VIPR	Volunteers in Preparedness Registry

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<u>Acronym</u>	<u>Definition</u>
WCC	Wireless Communications Commission
WHO	World Health Organization

D. ATTACHMENTS

- A: Section II Attachments
- B: Steering Committee and Workgroup Membership
- C: Emergency Support Function Coordination Guide

A: Section II Attachments

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ATTACHMENT II.A.b: HR Policies in a Pandemic
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ATTACHMENT II.F.a: Essential Transportation Functions
ATTACHMENT II.F.b: Operating Sub-Objectives
ATTACHMENT II.F.c: Freight Document
ATTACHMENT II.G.a Monitoring Community Impact of Influenza-Related Illness
ATTACHMENT II.J.a Steps for Closing and Re-Opening Schools
ATTACHMENT II.M.a: Expanding Healthcare Services to Alternate Care Sites
ATTACHMENT II.O.a: Pandemic Influenza Stakeholder List
ATTACHMENT II.Q.a: Communication Protocol
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Attachment II.A.a: Essential Government Functions in a Pandemic

To supplement their continuity of operations (COOP) plans on file with the Mississippi Emergency Management Agency (MEMA), state agencies examined the particular impacts of a pandemic on their essential functions. The following agency Essential Government Functions in a Pandemic worksheets were completed in November- December 2009 by agency personnel, at the request of the State Pandemic Planning Essential Government Functions Workgroup.

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Department of Agriculture and Commerce								Contact: Gene Robertson 601-359-1102		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Consumer Protection Division Retail foods (non-cooked) ie: grocery stores	5 Days	10 Inspectors 2 Supervisors 1Admin Assistant Division Director	Inspectors Supervisors Division Directors	No	Would decrease normal activity but complaint response would increase	Yes	No, requires physical inspections / information gathered transferred by phone and email	No inspection is a hands on task	Medium	Require employees to wear surgical masks and use hand sanitizers to help reduce exposure.
Petroleum Products Division Retail motor fuel	5 Days	10 Inspectors 2 Supervisors 1Admin Assistant Division Director	Inspectors Supervisors Division Directors	No	Would decrease normal activity but complaint response would increase	Yes	No, requires physical inspections / information gathered transferred by phone and email	No inspection is a hands on task	Medium	Require employees to wear surgical masks and use hand sanitizers to help reduce exposure.
Weights & Measures Division Scales use in commerce	5 Days	14 Inspectors 2 Supervisors 1Admin Assistant Division Director	Inspectors Supervisors Division Directors	No	Would decrease normal activity but complaint response would increase	Yes	No, requires physical inspections / information gathered transferred by phone and email	No inspection is a hands on task	Medium	Require employees to wear surgical masks and use hand sanitizers to help reduce exposure.

Department of Agriculture and Commerce								Contact: Gene Robertson 601-359-1102		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Meat Inspection Division	0 Days	33 Inspectors 4 Supervisors 2 Division Director 1 Admin Assistant Bureau Director	Inspector Supervisor Division Director	Yes / inspectors must be trained by USDA to meet USDA standards	Same	Yes	No, requires physical inspections / information gathered transferred by phone and email	No inspection is a hands on task	Medium	Require employees to wear surgical masks and use hand sanitizers to help reduce exposure.
Agriculture Theft	Depends on case load	9 Investigators 1 Admin Assistant Bureau Director	Investigator Bureau Director	Yes / investigators are trained at State Law Enforcement School	Same	Yes	No, requires physically going to the potential crime scene.	No investigation is a hands on task	Low	Require employees to wear surgical masks and use hand sanitizers to help reduce exposure.
Accounting/ Payroll/ Purchasing	0 Days	Payroll Director Purchasing Director Accounting Director 2 Accounting Auditors Purchasing Agent Bureau Director	Payroll Director Purchasing Director Accounting Director Bureau Director	No	Increase	Yes	No/Yes	Yes	Low	When reporting to the office, require employees to wear surgical masks and use hand sanitizers to help reduce exposure.

Department of Agriculture and Commerce								Contact: Gene Robertson 601-359-1102		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Administration	5 Days	Commissioner Deputy Commissioner 3 Attorneys 2Admin Assistance 3 Special Project Coordinators	Commissioner Deputy Commissioner Bureau Director	No	Same	No	Yes	Yes	Low	When reporting to the office, require employees to wear surgical masks and use hand sanitizers to help reduce exposure.
Information Management Division	0 Days	2 Lead System Administrators 1 Senior Programmer 1 Senior Assistant Administrator 1 Global Information Systems Operator 1 Systems Administrator 1 Senior Network Specialist 1 Bureau Director	Senior Network Specialist Lead Systems Administrator Bureau Director	Yes/ Microsoft Data base, security administration and project management	Increase	Yes	No/Yes	Yes	Low	When reporting to the office, require employees to wear surgical masks and use hand sanitizers to help reduce exposure.

Department of Agriculture and Commerce							Contact: Gene Robertson 601-359-1102			
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
BPI (Market Place Inspection, Pest Control Operators Inspection & Animal Poisoning	5 Days	19 inspectors State Entomologist Bureau Director	Inspectors State Entomologist Bureau Director	Yes EPA Training	Same	Yes	No, requires physical inspections / information gathered transferred by phone and email	No investigation & inspections are a hands on task	Low	Require employees to wear surgical masks and use hand sanitizers to help reduce exposure.

1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Curatorial Services	Week	Archaeologists, Archivists, Historians, Branch Dir., Div. Dirs.	See Below*	Specialized training	Decrease	Yes	No	N/A	Low	N/A
Regulatory Services	Week	Archaeologists, Archivists, Branch Dirs., Div. Dirs., Historians, Preservation Spec.	See Below*	Specialized training	Decrease	Yes	Perhaps on a limited basis	No	Medium – contact with public	None
Access to Department holdings	Week	Archaeologists, Archivists, Branch Dirs., Div. Dirs., Historians, Preservation Spec.	See Below*	Specialized training	Decrease	Yes	No	N/A	Medium to high, patrons and visitors entering the facility	None
Preservation of historical materials and sites	Week	Archaeologists, Archivists, Historians, Preservation Spec.	See Below*	Specialized training	Decrease	Yes	Perhaps on a limited basis	No	Medium – interaction with the public and patrons	None

1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Education	Month	Archaeologists, Archivists, Branch Dirs. Div. Dirs. Historians, Preservation Spec.	See Below*	Specialized training	Decrease	Yes	No – or on a very limited basis	No	Medium to High – contact with public, school groups, community groups	None
Development	Six months	Archaeologists, Archivists, Historians, Preservation Spec.	See Below*	No	Decrease	Yes	No	N/A	Low to Medium-limited interaction	None

*Broadly defined essential functions encompass all departmental program areas - back up is provided within each division by program responsibility.

Office of the State Auditor								Contact: Eddie Martinez 601-576-2652		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Answering emergency procedures inquiries	3 Days	Four full-time personnel	All full-time personnel are cross-trained	Must be very experienced	Increase	No	Yes, with computer access	No. Need remote internet and phones	Low	Employees can be isolated
Conducting emergency procedure training	2 Weeks	Four full-time personnel	All full-time personnel are cross-trained	Must be very experienced	Increase	No	Work would be done off-site	Would need remote teleconference access	Medium	Can limit interaction

Mississippi Wing Civil Air Patrol										Contact: Capt Alan R. Sayre 601-529-1580	
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)		4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
ESF 1 Provide limited transportation missions for search, rescue, and tactical support	12 Hrs	POS	#	Yes all functions	N/A	May increase need for transport of medical supplies	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Most functions Yes, either Aircrew and Ground team functions No	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each position
		IC	1		Y (CAP Qual)						
		OSC	0-1		Y (CAP Qual)						
		PSC	0-1		Y (CAP Qual)						
		AOBD	0-1		Y (CAP Qual)						
		GBD	0-1		Y (CAP Qual)						
		CUL	0-1		Y (CAP Qual)						
		MR0	0-2		Y (CAP Qual)						
		MP	1/AC		Y (CAP Qual) + FAA License						
		MO	1/AC		Y (CAP Qual)						
		UDF/ GTM	2/ veh		Y (CAP Qual)						
		Aircraft	9		N/A						
		Vehicles	9		N/A						
ESF 1 Assist in aerial damage assessment as needed.	12 Hrs	POS	#	Yes all functions	N/A	No	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Most functions Yes, either Aircrew functions No	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each
		IC	1		Y (CAP Qual)						
		OSC	0-1		Y (CAP Qual)						
		PSC	0-1		Y (CAP Qual)						
		AOBD	0-1		Y (CAP Qual)						
		CUL	0-1		Y (CAP Qual)						
		MR0	0-2		Y (CAP Qual)						

Mississippi Wing Civil Air Patrol								Contact: Capt Alan R. Sayre 601-529-1580			
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)		4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
		MP	1/AC		Y (CAP Qual) + FAA License						position
		MO	1/AC		Y (CAP Qual)						
		Aircraft	9		N/A						
ESF 2 Provide air and ground communication support, as required.	12 Hrs	POS	#	Yes all functions	N/A	Neither	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Most functions Yes, either Aircrew and Ground team /Comm. functions No	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each position
		IC	1		Y (CAP Qual)						
		OSC	0-1		Y (CAP Qual)						
		PSC	0-1		Y (CAP Qual)						
		AOBD	0-1		Y (CAP Qual)						
		GBD	0-1		Y (CAP Qual)						
		CUL	0-1		Y (CAP Qual)						
		MR0	1/radio		Y (CAP Qual)						
		MP	1/AC		Y (CAP Qual) + FAA License						
		MO	1/AC		Y (CAP Qual)						
		UDF/ GTM	2/veh		Y (CAP Qual)						
		Aircraft	9		N/A						
		Vehicles	9		N/A						

1.	2.	3.		4.		5.	6.	7.	8.	9.	10.	11.
Essential Function	Recovery time objective (RTO)	Normally performed by: (position(s) & # of personnel)		Three backup personnel cross-trained to continue function		Special credentials needed to perform? Yes/no; if yes, please state	Is pandemic event likely to increase or decrease need for service/function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High	Protective measures for personnel in use &/or needed
		Airborne/portable repeaters	2			N/A						
		Portable HF	5			N/A						
		Portable VHF	>100 with volunteers			N/A						
ESF 2 Provide backup communications systems as available.	12 Hrs	As noted above		As noted above		As noted above	As noted above	As noted above	As noted above	As noted above	As noted above	As noted above
ESF 5 Support the development of an SOP in conjunction with the primary and supporting agencies.	12 Hrs	POS		#	N/A	N/A	Yes	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Yes, either	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each position
		Wing Commander		1	Yes – Nat'l command structure	Yes - Regional Appointment						
		IC		1	Yes	Y (CAP Qual)						
ESF 5 Provide information based on pre- and post-disaster aerial reconnaissance	12 Hrs	POS	#	Yes all functions		N/A	No	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Most functions Yes, either Aircrew functions No	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each
		IC	1			Y (CAP Qual)						
		OSC	0-1			Y (CAP Qual)						
		PSC	0-1			Y (CAP Qual)						
		AOBD	0-1			Y (CAP Qual)						
		CUL	0-1			Y (CAP Qual)						
		MRO	0-2			Y (CAP Qual)						

Mississippi Wing Civil Air Patrol								Contact: Capt Alan R. Sayre 601-529-1580			
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)		4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
and photography.		MP	1/AC		Y (CAP Qual) + FAA License						position
		MO	1/AC		Y (CAP Qual)						
		Aircraft	9		N/A						
ESF 5 Provide personnel for analysis in emergency action planning.	12 Hrs	POS	#	Yes all functions	N/A	No	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Yes, either	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each position
		IC	1		Y (CAP Qual)						
		PSC	1-2		Y (CAP Qual)						
ESF 9 Provide air support during rescue operations	4 Hrs	POS	#	Yes all functions	N/A	No	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Most functions Yes, either Aircrew functions No	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each position
		IC	1		Y (CAP Qual)						
		OSC	0-1		Y (CAP Qual)						
		PSC	0-1		Y (CAP Qual)						
		AOBD	0-1		Y (CAP Qual)						
		CUL	0-1		Y (CAP Qual)						
		MR0	0-2		Y (CAP Qual)						
		MP	1/AC		Y (CAP Qual) + FAA License						
		MO	1/AC		Y (CAP Qual)						
		Aircraft	9		N/A						

Mississippi Wing Civil Air Patrol										Contact: Capt Alan R. Sayre 601-529-1580	
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)		4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
ESF 9 Provide additional personnel and equipment for SAR	12 Hrs	POS	#	Yes all functions	N/A	No	Yes CAPR 60-1, CAPR 60-3, CAP-MEMA MOU	Most functions Yes, either Aircrew, Ground Team, & Comm. functions No	Yes	Risk varies by individual volunteer from Very Hi to Low	Not needed, sufficient depth of qualified personnel in each position
		IC	1		Y (CAP Qual)						
		OSC	0-1		Y (CAP Qual)						
		PSC	0-1		Y (CAP Qual)						
		AOBD	0-1		Y (CAP Qual)						
		GBD	0-1		Y (CAP Qual)						
		CUL	0-1		Y (CAP Qual)						
		MRO	0-2		Y (CAP Qual)						
		MP	1/AC		Y (CAP Qual) + FAA License						
		MO	1/AC		Y (CAP Qual)						
		UDF	2/ veh		Y (CAP Qual)						
		GTL	1/ GT		Y (CAP Qual)						
		GTM	3/GT		Y (CAP Qual)						
		Aircraft	9		N/A						
		Vehicles	9		N/A						

Table of Civil Air Wing Position Abbreviations

Position Abbreviation	Position
IC	CAP Incident Commander
OSC	CAP Operations Section Chief
PSC	CAP Planning Section Chief
AOBD	CAP Air Operations Branch Director
GBD	CAP Ground Branch Director
CUL	CAP Communications Unit Leader
MRO	CAP Mission Radio Operator
MP	CAP Mission Pilot
MO	CAP Mission Observer
GTL	CAP Ground Team Leader
GTM	CAP Ground Team Member
UDF	CAP Urban Direction Finding Team Member

Department of Corrections								Contact: E.L. Sparkman 601-359-5610		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Public Safety	0	Commissioner Christopher Epps	Emmitt Sparkman Lora Cole Rick McCarty	Masters degree years of correctional experience and knowledge	Increase		Telework or alternate location	yes	Low	Masks (N95) Gloves

Department of Corrections						Contact: E.L. Sparkman 601-359-5610				
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
prisoner Custody	0	<p>Superintendent Lawrence Kelly Mississippi State Penitentiary with 950 correctional security staff</p> <p>Superintendent Margaret Bingham Central Mississippi Correctional Facility with 508 correctional security staff</p> <p>Superintendent Ron King South Mississippi Correctional Institute with 321 correctional security staff</p>	<p>James Brewer Timothy Morris Robert Scott</p> <p>Maud Irby Earnest Lee James Holman</p> <p>Johnnie Denmark Regina Hancock</p>	<p>Bachelors degree</p> <p>Years of correctional experience and knowledge</p>	Increase	Available in hard copies and electronic to include emergency manuals and post orders	<p>No</p> <p>No</p> <p>No</p>		Low	Masks (N95) Gloves

Department of Corrections							Contact: E.L. Sparkman 601-359-5610			
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Prisoner Care	0	Deputy Commissioner E.L. Sparkman Deputy Commissioner Lora Cole Deputy Commissioner Rick McCarty		Masters degree	Increase		Telework or alternate location	yes	Low	Masks (N95) Gloves
Prisoner Control	0	Director of Offender Services Leanette Jordan	Jan Guest Pamela Robinson Eddie Cates Doris McDonald	No	Increase		Telework or alternate location	yes	Medium	Masks (N95) Gloves
		Director of Records Sherry Robinson		No	Increase		Telework or alternate location	yes	Medium	Masks (N95) Gloves
		MIS Director Audrey McAfee		No	Increase		no			

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
1. Provide leadership for educational programs.	0	State Superintendent	1.Chief Deputy Superintendent 2.Deputy Superintendent for instruction 3. Director of Education Accountability	No	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Chief Deputy State Superintendent	1.Chief Deputy Superintendent 2.Deputy Superintendent for instruction 3. Director of Education Accountability	No	No Change	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Deputy Superintendent, Educational Accountability	1.Chief Deputy Superintendent 2.Deputy Superintendent for instruction 3. Director of Education Accountability	No	No Change	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Deputy Superintendent for Business and Support	Associate Superintendent for Financial Management	No	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
		Communications	Director of Legislative Services	No	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Attorney General Representative	Special Assistant, AG's Office	No	No Change	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
2. Provide for continuity of education.	0	Deputy Superintendent, Instructional Programs	1. Director of Curriculum and Instruction 2. Director of Student Assessment 3. Associate Superintendent for Special Education	No	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Deputy Superintendent for Quality Professionals and Special Schools	1. Director of Educator Licensure 2. Bureau Director 3. Division Director	None	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
3. Provide fiscal flow through for federal and state financial resources.	0	Chief Deputy Superintendent for Business and Support	Associate Superintendent of Financial Management	No	Same	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Budget and Planning	No	Business Degree	Same	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Procurement	1.Education Director 2.Project Officer 3. Education Specialist 4. Director of FFM	Knowledge of SPAHRS, MS Laws, MDE, PSCRB, and ITS Policies	Increase	No	Telework.	Yes, technology available to support telework.	Low	Routine personal protective measures.
		Federal Financial Management	1.Bureau Director 2.Division Director 3.Accounting Auditor Specialist (3)	Degree in Accounting or Business Administration	Same	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
		School Financial Services	School Financial Officer	Degree in Accounting or Business Administration	Same	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Accounting	1.Account Payable (3) 2.Accounts Receivable (2) 3.Contract Payment 4.Financial Reporting 5.Fixed Assets (2) 6.Payroll (2) 7.Purchasing	Some areas General Accounting Knowledge	Same	Limited	Telework.	Yes, technology available to support telework.	Low	Routine personal protective measures.
		Child Nutrition	1.Bureau Director 2.Director of Purchasing 3.Director of Training 4.Director of Monitoring	No	Decrease	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
		Vocational Education and Workforce Development	1.Asst. Superintendent 2.Division Director 3.Operations Management Principal (OMAP)	No	Same	No	Telework.	Yes, technology available to support telework. Well need increase in software and scanners	Low.	Routine personal protective measures.
4. Provide technological and informational support.	0	Management Information Services				No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Budget and Planning	1.School Finance Officer 2.Budget Officer 3. Accounting Specialist	Business Degree	Same	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Procurement	1.Education Director 2.Project Officer 3. Education Specialist 4. Director of FFM	Knowledge of SPAHRS, MS Laws, MDE, PSCRB, and ITS Policies	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
		Accounting	1.Account Payable (3) 2.Accounts Receivable (2) 3.Contract Payment 4.Financial Reporting 5.Fixed Assets (2) 6.Payroll (2) 7.Purchasing	Some areas General Accounting Knowledge	Same	Limited	Telework.	Yes, technology available to support telework.	Low	Routine personal protective measures.
5. Provide Child Nutrition Services	5	Child Nutrition	1.Bureau Director 2.Director of Purchasing 3.Director of Training 4.Director of Monitoring	No	Decrease	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Healthy Schools	1.Director OHS 2.Bureau Director of Coordinated School Health 3.Bureau Director of Safe and Orderly Schools	No	Same	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
		Budget and Planning		Business Degree	Same	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Procurement	1.Education Director 2.Project Officer 3. Education Specialist 4. Director of FFM	Knowledge of SPAHRS, MS Laws, MDE, PSCRB, and ITS Policies	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Accounting	1.Account Payable (3) 2.Accounts Receivable (2) 3.Contract Payment 4.Financial Reporting 5.Fixed Assets (2) 6.Payroll (2) 7.Purchasing	Some Areas General Accounting Knowledge		Limited	Telework.	Yes, technology available to support telework.	Low	Routine personal protective measures.

Department of Education								Contact: Estelle Watts (601) 359-1725		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
6. Provide coordination of utilization for local school district assets.	0	Healthy Schools	1. Director OHS 2. Bureau Director JROTC 3. Bureau Director of Coordinated School Health	No	Increase	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Child Nutrition	1. Bureau Director 2. Director of Purchasing 3. Director of Training 4. Director of Monitoring	No	Decrease	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Safe and Orderly Schools	1. Bureau Director 2. School Safety Administrators (2)	Yes. NIMS Certified	Increase.	No	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.
		Vocational Education and Workforce Development	1. Division Director 2. OMAP (2)	No	No Change	Yes	Telework.	Yes, technology available to support telework.	Low.	Routine personal protective measures.

Department of Employment Security								Contact: Alice Myers 601-321-6137		
1	2	3	4	5	6	7	8	9	10	11
Essential Function	Recovery Time Objective (RTO)	Normally performed by: (position(s) & # of Personnel	Three backup personnel cross-trained to continue function	Special Credentials needed to perform? Yes/no; if yes, please state	Is Pandemic event likely to increase or decrease need for service/function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (If no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High?	Protective measures for personnel in use &/or needed
Mainframe batch processing and forms processing	1 day/24 hours	11 systems operators	TBD	Yes, needs to know how to operate computer console, forms processing machines, and other peripheral devices	No	Yes	No	No	Low	N/A
Mainframe online applications	1 day/24 hours	9 Application/System Programmers	TBD	Yes, COBOL, Easytrieve Plus, CICS, and M04 programming language experience. Mainframe operating system experience	No	Yes	Yes	Yes	Low	N/A
Mainframe nightly batch processing submission and scheduling	1 day/24 hours	4 Operations Mngr/Lead Sys. Operator and ES Technician II	TBD	No	No	Yes	Yes	Yes	Low	N/A
Portal and Insider content management	1 day/24 hours	3 Programmers	TBD	Yes, knowledge of deployment software	Increase	Yes	Yes	Yes	Medium	N/A

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Network Security	24 hours	1 1	Mike Bracey, Shane Cahoon	Need Admin rights	Same	In Progress	Both	Yes	Low	N/A
Windows infrastructure	24 hours	1 1	Mike Bracey, Vernon Ray, Randy Trotter	Need Admin rights	Same	In Progress	Both	Yes	Low	N/A
UNIX/AIX infrastructure	24 hours	2 2	Clint Peoples, Bill McCarthy, Kurt Turner	Need Admin rights	Same	In Progress	Both	Yes	Low	N/A
Network Connectivity	24 hours	1 1	Shane Cahoon, Kurt Turner, Tommy Jameson	Need Admin rights	Same	In Progress	Both	Yes	Low	N/A
Email	24 hours	2 2	Mike Bracey, Randy Trotter, Kaye Thames	Need Admin rights	Increase	In Progress	Both	Yes	Low	N/A
MITS	24 hours	2 2	Kurt Turner, Bill McCarthy, Tommy Jameson	Need Admin rights	Same	In Progress	Both	Yes	Low	N/A

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Essential Function	Recovery Time Objective (RTO)	Normally performed by: (position(s) & # of Personnel	Three backup personnel cross-trained to continue function	Special Credentials needed to perform? Yes/no; if yes, please state	Is Pandemic event likely to increase or decrease need for service/ function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (If no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High?	Protective measures for personnel in use &/or needed
Telecommunications	24 hours	2 2	Tommy Jameson	Need Admin rights	Increase	In Progress	Both	Yes	Low	N/A
Data storage/backup	24 hours	2 2	Dan Marshall, Jeff Sowell	Need Admin rights	Same	In Progress	Both	Yes	Low	N/A
Tech Support	24 hours	1 4	Randy Trotter, Kaye Thames	Need Admin rights	Increase	In Progress	Both	Yes	Low	N/A
Mainframe Support	24 hours	1 1	Randy Riddle	Need Admin rights	Same	In Progress	Both	Yes	Low	N/A
Support ACCESS MS Application	less than 24hrs	Lead Programmer Analyst (1)	TBD	Yes	May increase	Yes	Yes - Can perform work from home	Yes	Low	N/A
Run ACCESS MS Batches	less than 24hrs	Database Analyst II (1)	TBD	Java	May increase	Yes	Yes - Can perform work from home	Yes	Low	N/A
Keep ACCESS MS Database Up	less than 24hrs	Database Administrator (2)	TBD	DB2	May increase	Yes	Yes - Can perform work from home	Yes	Low	N/A
		Programmer Analyst II (3)	TBD	Eclipse, XML, SQL, J2EE, OOAD						
		11 Contractors	TBD	Jreport, Workflow, LDAP						

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				Struts, Hibernate, JackRabbit						
Call Center	24 hours		TBD	No	Increase	Yes	Both	Yes	Low	N/A
Ui Claims Process	24 hours	36 Benefit Staff	TBD	No	Increase	Yes	Both	Yes	Low	N/A
UI Claim Resolution	24 hours	18 Monetary & Non-Monetary Staff	TBD	No	Increase	Yes	Both	Yes	Low	N/A
UI Hearings	24 hours		TBD	No	Increase	Yes	Both	Yes	Low	N/A
Appeals	24 hours		TBD	No	Increase	Yes	Both	Yes	Low	N/A
Payroll	1 Week	2 Account/Auditor	TBD	No	Same	Yes	Both	Yes	Low	N/A
Cash Draw Down	24 hours	2 Account/Auditor	TBD	No	Increase	Yes	Both	Yes	Low	N/A

Department of Environmental Quality								Contact: Terri Torrence 601-961-5012		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Providing leadership, guidance, and direction to the various environmental programs within the department	None	Executive Director – 1 Env Engineer Admin Sr – 1 Deputy Administrator – 2 Office Director II – 1 System Info Off, Chief – 1 System Manager III – 1 Staff Officer III – 1	None	Professional Eng Information Tech HR Specialist	Increase	No	IT – No	Yes, marginally	Medium	Yes

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Administrative Support Function – providing state required functions for human resources, information services, legal guidance, budgeting, accounting, payroll, buildings and property, contracts, grants, and information technology services	IT – none Rest – 2/3 days	Database Admin – 2 Lead System Admin – 3 Bus Sys Analyst I - 1 Sr System Admin - 1 General Counsel - 1 Envir Administrator II - 1 Personnel Officer V - 1 Acct/Aud Bureau Dir – 1 Acct/Aud Division Dir - 3 Acct/Aud Profession I - 1 Office Director I - 1 Division Director II – 1 Division Director I - 2 Branch Director – 1 Property Officer IV - 2 Fac Maint Repair II – 1 Support Tech Sr – 1		Information Tech Legal Degree	Increase	No	No	No - Not able to connect to systems outside our services	Medium	Yes

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Performing Emergency Services	None	Envir Administrator III – 1 Envir Scientist IV – 3 EEIT – 1	All crossed trained	Natl Incident Mgmt System Certification	Neither	Yes	No	No – Field Work, requires them to be out of the office	Medium	Yes
Environmental Compliance and Enforcement	1 week	Envir Engineer Admin – 1 Envir Engineer IV – 9 Envir Administrator II – 2 Geologist IV – 1 Attorney Senior – 1	All crossed trained	Engineering Degree	Increase	Yes	No	NA	Medium	Yes
Permitting of environmental programs	1 week	Envir Engineer Admin – 1 Envir Engineer IV – 10 Envir Administrator II - 1	All crossed trained	Engineering Degree	Increase	Yes	*Yes	Yes	Medium	Yes

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Monitoring of environmental programs	none	Office Director II – 1 Envir Administrator III – 1 Envir Administrator II – 3 Envir Administrator I – 6 Envir Scientist IV – 3	All crossed trained	Technical Expertise	Neither	Yes	No	NA	High	Yes
Providing Financial and Technical Assistance	1 / 2 days	Envir Engineer Admin – 1 Envir Engineer IV – 3 Envir Engineer III – 4 Envir Administrator III – 1 Staff Officer III – 1	All crossed trained	Engineering Degree Technical Expertise	Increase	Yes	Yes	Yes	Medium	Yes

*Under emergency situation, these activities could be done without full access to all resources normally utilized.

Department of Finance and Administration							Contact: Becky Tilton (601) 672-1599			
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Coordinate with Governor, State Health Officer, MEMA, agency directors, and other officials to facilitate execution of any emergency powers delegated by the Governor.	<24 hours	Executive Director	Succession Deputy Directors as indicated on DFA PI Plan (5)	No	Increase	Yes	Yes	Yes	Low	None
Maintain awareness of the state's fiscal position, ensure sufficient revenue to meet expenditures, work with Bond Commission to approve special funding, and keep Governor's office apprised of situation.	<24 hours	Executive Director Succession Deputy Directors as indicated on DFA PI Plan(5)	Succession Deputy Directors as indicated on DFA PI Plan (5)	No	Increase	Yes	Yes	Yes	Low	None

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Activate DFA emergency procedures as directed.	<24 hours	Executive Director	Succession Deputy Directors as indicated on DFA PI Plan (5)	No	Increase	Yes	Yes	Yes	Low	None
Maintain and support a centralized automated human resources and payroll system (SPAHRs)	<24 Hours	MMRS Director and Staff	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	Yes, technical programming skills, functional knowledge of application, appropriate security access to perform the technical and functional tasks.	Same	Yes	Yes	Yes	Low	None

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Maintain and support the central accounting system (SAAS).	<24 hours	MMRS Director and Staff	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	Yes, technical programming skills, functional knowledge of application, appropriate security access to perform the technical and functional tasks.	Same	Yes	Yes	Yes	Low	None
Maintain data security and access to MMRS network resources.	<24 hours	MMRS Application Infrastructure Staff	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	Yes, system administrator access to network and knowledge of MMRS infrastructure.	Same	Yes	Telework for most tasks.	Yes		

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Maintain MMRS website.	<24 hours	MMRS Application Infrastructure Staff	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	Yes, knowledge of TeamSite and appropriate security access to perform task.	Same	Yes	Telework	Yes		
Maintain and support PATS and APOLS for .construction tracking	<24 hours	MMRS Application Infrastructure Staff	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	Yes, technical programming skills, functional knowledge of application, appropriate security access to perform the technical and functional tasks.	Same	Yes	Yes	Yes		
Print warrants.	<24 hours	Office of Information Technology	Currently three individuals trained. Cross training in progress	Yes, functional knowledge of printer hardware and operation.	Same	Yes	No		Low	None

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Manage building access and badge control with Capitol Police.	<24 hours	Office of Information Technology	Currently three individuals trained. Cross training in progress	Yes, system administrator access to network and knowledge of ACS infrastructure	Increase	Yes	No		Low	None
Maintain data security and access to network infrastructure	<24 hours	Office of Information Technology	ITS Director/Staff	Yes, technical skills, knowledge of networking, working knowledge of cyber security	Increase	No	Yes	Yes	Low	None
Maintain DFA email and website systems	<24 hours	Office of Information Technology	Currently three individuals trained. Cross training in progress.	Yes, technical skills, knowledge of networking, working knowledge of cyber security	Increase	No	Yes	Yes	Low	None

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Maintain computers, blackberry Enterprise server, servers, network and provide data backup	<24 hours	Office of Information Technology		Yes, technical skills, knowledge of networking, working knowledge of cyber security	Increase	No	No		Low	None
Provide technical support to Governor's Office and support press conference center.	<24 hours	Office of Information Technology	Currently three individuals trained. Cross training in progress.	Yes, working knowledge of networking and web broadcasting.	Increase	No	No		Low	None
Ensure all state agencies and institutions have sufficient expenditure authority in their allotment periods and major object expenditure categories.	<24 hours	Office of Budget and Fund Management	Five staff analysts trained	No	Increase	Yes	Yes	No	Low	None

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Provide assistance to local unites of government to ensure that they have sufficient cash to cover post pandemic payments and obligations.	Office of Budget and Fund Management	Office of Budget and Fund Management	One backup staff	No	Increase	Yes	Yes	No	Low	None
Maintaining all Human Resource functions for DFA including payroll, staffing and leave and benefits issues.	Office of Budget and Fund Management	Office of Budget and Fund Management	One backup staff	No	Increase	No	Yes	Yes	Low	None

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Activation and control of building access and security for Capitol Complex buildings to promote social distancing and daily accessibility for essential staff	Immediate	Capitol Police Chief and Officers	Chief, Assistant Chief, Lieutenants, Sergeants and Officers. Provide sufficient backup	Licensed Law Enforcement Officers	Increase		No		Medium	Gloves, eye protection and masks may be required for some activities.
Communications Dispatch	Immediate	Capitol Police Dispatch	Dispatch Officers are backed up by uniformed officers	Dispatch training required	No	Yes	No		Low	None
Maintain the safety and security of visitors in the Capitol Complex; respond to emergency calls and disturbances	Immediate	Capitol Police Chief and Officers	All certified police officers – severe PI may cause shortage	Licensed Law Enforcement Officers	Increase	Yes	No		Medium	Gloves, eye protection and masks may be required for some activities.

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Process payroll, accounts receivable and payable and travel for DFA and District Attorney and staff.	<48 Hours	Office of Budget and Accounting Director and staff	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted.	No	No	Yes	Some functions	Yes, but limited	Low	None
Process court assessments received from city and chancery clerks.	<24 Hours	Office of Budget and Accounting Director and staff	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted.	No	No	Yes	Some functions	No	Low	None
Assist agencies with emergency purchasing questions and assist with accessibility to suppliers for necessary commodities and equipment.	<48 Hours	Office of Purchase, Travel and Fleet Mgt Director and Staff	PI Plan list three back up staff to handle functions	No	No	Yes	Yes	Yes	Low	None

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Manage and maintain the building of the Capitol Complex and other state buildings under DFA, providing maintenance and custodial.	Immediate	Capitol Facilities Director Facilities Director Custodial Director	No, except for some specific maintenance with specialty requirements	Increase	Yes	No			Medium	Gloves, eye protection and masks may be required for some activities.
Real Property Management and leasing of Capitol Complex property.	7 days	Capitol Facilities Accountant Auditor	Capitol Facilities Director and two other staff as backup	No	No		Yes	No	Low	None
Process liability claims against the state.	<72 Hours	Tort Claims Staff	Limited backup	No	No	Yes	Yes	Yes	Low	None
Provide loss control and risk management services.	<24 Hours	Tort Claims Staff	Limited backup	No	No	Yes	Yes	Yes	Low	None
Maintain property insurance on state property.	<1 Week	Tort Claims Staff	Limited backup	No	No	Yes	Yes	Yes	Low	None

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Facilitate hand mail service to state agencies in Jackson and the surrounding area.	<48 Hours	Business Services Mail Clerks	Limited number of employees, but procedures to provide services with fewer people and to accomplish social distancing	No	No	Yes	No		Low	None
Maintain the State's Health Insurance Plan including payments to vendors and services to plan participants.	<48 Hours	Office of Insurance	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	No	Increase	Yes	Some Functions	Some Functions	Low	None
Verify, approve and fund Workers Compensations claims.	<48 Hours	Office of Insurance	Various functions accomplished by different staff. PI Plan has 1-2 levels of backup noted	No	Increase	Yes	Yes	No	Low	None

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Verify and process all death claims and forward to Life vendor.	<48 Hours	Office of Insurance	Staff backup of 2	No	Increase	Yes	Yes	No	Low	None
Receive, process, and approve expenses related to purchase orders, payment vouchers, payrolls and journal entries for all state agencies.	<24 Hours	Office of Fiscal Management	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	No	No	Yes	Yes	No	Low	None
Issue, reissue and void payroll and vendor warrants. Balances expenditures and funds availability with the Office of the State Treasurer.	<24 Hours	Office of Fiscal Management	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	No	No	Yes	Yes	No	Low	None

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Provide revenue expenditure oversight and assistance to agencies, auditors, legislators and the public.	<24 Hours	Office of Fiscal Management	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	No	No	Yes	Yes	No	Low	None
Maintain SAAS tables, file quarterly tax returns, and issue W-2, 1099 and other tax forms.	<24 Hours, dependent on time of year	Office of Fiscal Management	Various functions accomplished by different staff. PI Plan has 3-5 levels of backup noted	No	No	Yes	Yes	No	Low	None
Maintain state aircraft and provide air transportation as directed.	Suspend in severe pandemic	Air Transport			Decrease	Yes	No		High	Suspend operations

Mississippi Forestry Commission							Contact: Dennis Dauterive 662-417-7495			
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Wildfire Protection	4 Hours	Forest Ranger – 220 Forest Tech – 56 Forester – 55	These positions are spread out across the state. We would shift personnel around the state to cover a wildfire threat.	Personnel need to be Firefighter Type 2 qualified and have experience on tractor/plow unit.	Decrease	No	Resources can be moved around the state.	Yes	Low	No special measures needed. Normal personnel hygiene procedures should suffice.
Forest Management	2 weeks	Forester - 76	These positions are spread out across the state and not at one location.	Yes/ B.S. Degree in Forestry and Registered Forester in MS.	Decrease	No	Yes some of the work can be done by either telework or alternate location.	Yes	Low	No special measures needed.
Public Information	1 week	Public Outreach Forester – 5 Manager Forest Protection and Information – 1	These are currently the only positions trained for this function.	Yes/ B.S. Degree in Forestry and experience in Public Outreach.	Increase	No	Can be performed via telework.	Yes	Low	No special measures needed.

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Human Resources	1 -2 weeks	Personnel Officer V Admin Asst IV	These are the only positions trained for this function.	Yes, secure access to SPAHRS, I2K, SPB systems	Increase	Policy & Procedural Manuals	Yes via telework providing all systems are working properly	Yes	Low	No special measures needed
Payroll	1 – 2 weeks	Chief Fiscal Officer District Admin Assts	These are the only positions trained for this function. District personnel are only partially trained in agency procedures.	Yes, SPAHRS, Agency data	Increase	Policy & Procedure Manuals	Yes via telework providing all systems are working properly	Yes	Low	No special measures needed
Accounting	1 – 2 weeks	Acct Audit III Chief Fiscal Officer	Acct & Finance Dir	Yes, SPAHRS, SAAS, BS Degree in Acct	Increase	DFA & SPAHRS & Agency Policy & Procedures Manuals	Yes, via telework if all systems are working properly	Yes	Low	No special measures needed
Purchasing	1 – 2 weeks	Branch Director Purch Agent III Admin Asst VI	Acct & Finance Dir	Yes, SPAHRS, SAAS	Increase	DFA & SPAHRS & Agency Policy & Procedures Manuals	Yes, via telework if all systems are working properly	Yes	Low	No special measures needed

Department of Human Services, Division of Child Support Enforcement								Contact: 601-359-4861		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Receipt & Distribute Child Support Payments	24 hours	19 out of 516	yes	Yes – METSS Trained	increase	yes	yes	yes	Low	none
Appear in Court to receive an Order	One week	45 out of 516	yes	Yes – must be a licensed attorney	decrease	yes	no	no	Low	none
Interview clients and open a Child Support Case	Two weeks	421 out of 516	yes	Yes – METSS Trained	decrease	yes	yes	yes	Medium	Masks are available for staff

Department of Human Services, Division of Economic Assistance								Contact: Cheryl Sparkman (601) 359-4810		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Supplemental Nutrition Assistance Program (SNAP) Eligibility. <i>Formerly Food Stamp Program.</i>	24 to 48 hours	County Directors (84) Supervisors (99) Eligibility Workers (493) Case Managers (156)	Regional Directors (7) Regional Program Specialists (21) Training Unit (11)	Must be a State Service Employee to complete benefit determination	Increase	Yes	Both telework and alternate location as needed.	Yes	Medium	Protective Mask Hand Sanitizer, etc.
Temporary Assistance for Needy Families (TANF) Eligibility	24 to 48 hours	County Directors (84) Supervisors (99) Eligibility Workers (493) Case Managers (156)	Regional Directors (7) Regional Program Specialists (21) Training Unit (11)	Must be a State Service Employee to complete benefit determination	Increase	Yes	Both telework and alternate location as needed.	Yes	Medium	Protective Mask Hand Sanitizer, etc.
Supportive Services	24 to 48 hours	County Directors (84) Supervisors (99) Case Managers (156)	Regional Directors (7) Regional Program Specialists (21) Training Unit (11)	Must be a State Service Employee to complete benefit determination	Increase	Yes	Both telework and alternate location as needed.	Yes	Medium	Protective Mask Hand Sanitizer, etc.

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1. Conducts intake interview and refers for public assistance, family and children services, and related services.	Essential-no stoppage	DHS FPS Advanced, FPS Senior, FPW I & II* - Total 546	1.Area Social Work Supervisor	Yes; Licensed Social Worker and/or BS degree in social work or related field	Likely to increase	Yes – job description	Yes – at home or alternate office	Yes – laptops and TV for web seminars	Medium	In use-hand washing; needed-face masks
2. Conducts route and special investigations.			2. Regional Director							
3. Supervises foster children/homes.			3. Bureau Directors							
4. Makes referrals to other community/ agency resources for clients as necessary.										

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*FPS=Family Protection Specialist; FPW=Family Protection Worker

Institutions of Higher Learning								Contact: Bob Neal 601-432-6243		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
IHL Overall Leadership	12 hrs.	(1)Commissioner of Higher Education	3	No	Same	No	Telework	Yes	Low	None needed
IHL Leadership Administrative Support	12 hrs.	(2)Administrative Assistants	2	No	Same	No	Telework	Yes	Low	None needed
Media Relations	12 hrs.	(1)Director of Media Relations	2	No	Same	No. In Progress	Telework	Yes	Low	None needed
Finance and Administration	12 hrs.	(1)Deputy Commissioner for Finance and Administration	3	No	Same	Yes	Telework	Yes	Low	None needed
Operations Support	12 hrs.	(1)Director of Support Operations	1	No	Same	No	Telework	Yes	Low	None needed
Budget	12 hrs.	(1)Director of Budget	1	No	Same	Yes	Telework	Yes	Low	None needed
Accounting and Financial Analysis	12 hrs.	(2) Director of University Financial Analysis Senior Financial Analyst	2		Same	Yes	Telework	Yes	Low	None needed

Institutions of Higher Learning								Contact: Bob Neal 601-432-6243		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Human Resources	12 hrs.	(1)Human Resources Administrator	1	No	Same	Yes	Telework	Yes	Low	None needed
Student Financial Aid	12 hrs.	(1)Director of Student Financial Aid	2	No	Same	Yes	Telework	Yes	Low	None needed
Risk Management	12 hrs.	(3)Director of Risk Management	3	No	Same	No	No	Tasks must be conducted on-site	Low	None needed
IT Support	12 hrs.	(1)Director of IT	2		Same	No	No	Tasks must be conducted on-site	Low	None needed
Real Estate and Facilities	12 hrs.	(1)Assistant Commissioner of Real Estate and Facilities	3	No	Same	No	No	Tasks must be conducted on-site	Low	None needed
Legal Counsel	12 hrs.	(1)Special Assistant Attorney General	3	Licensed Attorney	Same	No	Telework	Yes	Low	None needed
Internal Audit	12 hrs.	(1)Director of Internal Audit	2	No	Same	No	Telework	Yes	Low	None needed
Facilities Management	12 hrs.	(1)Superintendent of Building and Grounds	3	No	Same	No	No	Tasks must be conducted on-site	Low	None needed

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Fire Investigation	24 hours max	Chief Deputy – Ricky Davis Asst Chief Deputy -Ken Carraway Deputy - Mitchell Mixon Deputy - Pete Adcock Deputy - Scott Barnes Deputy - Joe Crawford Deputy - Ronald Jones Asst Chief Deputy - Mike Ivy Deputy - David Borgognoni Deputy - Jonathan Owens Deputy - Albert Carver Deputy - Jimmy Jackson	All deputies can back up each other	Yes - Law Enforcement Training 1033 Fire Investigations	No	Being written at this time/ 921 Guide	Deputies work in home field offices	Telework is not available but remote locations are available	Medium	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.

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Recording of fire cases	45 days	1 - Admin - Luran Lancaster	Admin – Lisa Goodman Special Projects – Ellan Everett Admin – Connie McLellan	No	No	Yes	NO	No	Low	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.

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Manufactured Housing/Building Inspection	24 hours	Chief Deputy – Ricky Davis Asst Chief Deputy - Gene Humphrey Deputy - BJ Malley Deputy - Glenn Babb Deputy - Medgar Gibbs Deputy - Chris Jones Deputy - Rusty McCoy Deputy - Shannon Gunter	All deputies can back up each other	Yes - Law enforcement Training Code 1033 Fire Inv Inspector I & II	No	No	Deputies work in home field offices	Telework is not available but remote locations are available	Medium	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.

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Licensing Manufactured Housing	3 days	Special Projects – Ellan Everett	Admin – Angela Moha Office Manager – Virginia Evans Admin – Connie McLellan	no	No	Yes	No	No	Low	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.

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LC GAS INSPECTION	24 hours	Chief Deputy – Ricky Davis Division Director – Keith Montgomery Inspec. - James Thompson Inspec.-Faye Killibrew Inspec.-Fred Germany Inspec.- Charles Quick Inspec.- John Gambill Inspec.- James Walker Inspec.- Danny McGee	All inspectors can back up each other	Specialized Knowledge of LC Gas	No	No	Inspectors work from Home Offices	Telework is not available but remote locations are available	medium	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.

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LC GAS PERMITS	24 hours	Office Manager – Virginia Evans	Special Projects – Ellan Everett Inspector – Faye Killibrew Div Director- Keith Montgomery	No	No	Yes	No	No	Low	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.
Residential Electronic Alarm Inspections	24 hours	Asst Chief Deputy - Larry Thompson	Deputy - Carl Rayfield Deputy - Jasper Welsch	Yes - Law Enforcement Training 1033 Fire Inv MJITerminal	No	No	Deputies work in home field offices	Telework is not available but remote locations are available	Medium	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.

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Residential Electronic Protection Licensing	24 hours	Admin - Angela Moha	OP Man Analyst Prin- Sonja Pate Admin – Luran Lancaster Admin – Lisa Goodman	no	No	Yes	No	No	Low	Agency recommendations of annual flu shots, prevention measures such as hand washing and stay home if ill.

Division of Medicaid								Contact: Medgar Austin 601-359-9501		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Process and pay Medicaid claims submitted by Healthcare providers	24 hours	ACS, Medicaid's Fiscal Agent Contractor	This item is covered in contractors disaster plan	No	Increase	Yes	Can be performed at alternate location	Yes	Low	Needed
Enroll qualified individuals requesting Medicaid	24 hours	Approximately 400 Medicaid employees statewide	Sufficient trained personnel exist to provide backup for this function	No	Increase	Yes	Can be performed at alternate location	Yes	Very High	Needed
Provide non-emergency transportation services for Medicaid beneficiaries receiving life sustaining medical treatments	24 hours	Logisticare, Medicaid's transportation contractor	This item is covered in contractors disaster plan	No	Increase	Yes	Dispatch of vehicles can be performed via telework and at alternate location	Yes	Very High	Needed
Provide authorization services for drugs and services that require prior authorization	48 hours	HSM and HID, Medicaid's services and pharmacy prior authorization contractors	This item is covered in contractors disaster plan	No	Increase	Yes	can be performed via telework and at alternate location	Yes	Low	Needed

Division of Medicaid								Contact: Medgar Austin 601-359-9501		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Resolve provider and beneficiary issues	24 hours	Medicaid's Health Services and ACS's customer services departments	Sufficient trained personnel exist to provide backup for this function	No	Increase	No	can be performed via telework and at alternate location	Yes	Low	Needed
Provide manpower to work at general population shelters throughout the state	12 hours	As determined by MEMA and Dept of Human Services	Sufficient trained personnel exist to provide backup for this function	No	No change	No	can be performed via telework and at alternate location	Yes	Very High	Needed
Enroll new healthcare providers wishing to provide services to Medicaid beneficiaries	48 hours	Medicaid and ACS's provider enrollment departments	Sufficient trained personnel exist to provide backup for this function	No	Increase	Yes	can be performed at alternate location	Yes	Low	Needed

Department of Mental Health								Contact:		
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Manage requests for grant funds and other admin. tasks w/ recovery	2 weeks	Administration Bureau Chief - Glenn Kegley	Leslie Smith Jackie Bailey Chandra White-Thomas	No	possible increase	Yes	Yes	Yes	Low	none
Manage Payroll, Execute Grants, Pay Dept. Bills, Travel Reimb., manage dept. finances	1 week	Accounting Division Director - Leslie Smith	Jackie Bailey Chandra White-Thomas Kenneth Leggett	No	possible increase	Yes	Yes	Yes	Low	none
Manage Computer Access, Assist with program development	ASAP	Information Systems Division Director - Jan Smith	Eze Uzodima Jeff Sanders Sherry Hegwood	No	Increase	Yes	Yes	Yes	Low	none
Approve Cash Requests for Field Service Providers	1 week	Audits and Grants Management Division Director - Kenneth Leggett	Mike Weaver Calvin Jones Leslie Smith	No	Increase	Yes	Yes	Yes	Low	none
Coordinate needs of Community Mental Health Centers that provide IDD Services	1 day	Bureau Chief of Intellectual and Developmental Disabilities - Kris Jones	Matt Armstrong Diana Mikula Andrew Day	No	Increase	Yes	Yes	Yes	Low	none

Department of Mental Health								Contact:		
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Continue recertification of eligible community programs	1 week	Home and Community Based Waiver staff - Ashley LaCoste	Leigh Horton Maxine Johnson	No	no change	Yes	Yes	Yes	Low	none
Ensure MH Division Directors are aware of their duties, fill vacated rolls for disaster staff	2 days	Bureau Chief of Community Services - Matt Armstrong	Jake Hutchins Andrew Day Ellen Crawford	No	slight increase	Yes	Yes	Yes	Low	none
Maintain funding for adult community programs in MS	1 week	Adult Community Services Division Director - Jake Hutchins	Brent Hurley Randy Foster Andrew Day	No	none	Yes	Yes	Yes	Low	none
Maintain funding for children's community programs in MS	1 week	Children and Youth Services Division Director - Sandra Parks	Trisha Hinson Lynda Stewart Monica Wilmoth	No	possible slight increase	Yes	Yes	Yes	Low	none
Coordinate Alzheimer's services through DMH helpline	1 day	Alzheimer's Disease and other Dementia Division Director - Kathy VanCleave	Melora Jackson Dianne Arnold	No	none	Yes	Yes	Yes	Low	none

Department of Mental Health								Contact:		
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Maintain a "warm line" for family support and info.	2 days	Consumer and Family Affairs Division Director - Aurora Baugh	Ellen Crawford Thad Williams	No	Possible increase	Yes	Yes	Yes	Low	none
Maintain ability to hire new employees, maintain employee leave, and act as liaison / DMH facilities and SPB	1 day	Bureau Chief of Workforce Development - Ann Thames	Cary Walt Ina Jordan	No	Possible increase	Yes	Yes	Yes	Low	none
Assess needs of Bureaus/Divisions fiscal and programmatic functions. Ensure continuity of payroll/business function for DMH. Delegate and/or assign appropriate duties/tasks for continuation of all community programs as necessary	Immediate	Executive Director - Edwin C. LeGrand III	Disaster Team Members - Scott Sumrall Kris Jones Andrew Day Veronica Vaughn Monica Wilmoth	No	Increase	Yes	Yes	Yes	Low	none

Department of Mental Health								Contact:		
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Provide legal advice to Bureaus/Divisions	2 days	Staff Attorney - Gene Rowzee	staff attorneys from other facilities	JD	slight increase	Yes	Yes	Yes	Low	none
Maintain DMH helpline and suicide prevention line	immediate	Office of Constituency Services Division Director - Shannon Rushton	Genice Morton Natasha Griffin Kathy VanCleave	No	increase	Yes	Yes	Yes	Low	none
Maintain communication and coordinate response efforts from DMH Central Office for the state MH facilities.	immediate	Disaster Preparedness and Response Division Director - Scott Sumrall	Kris Jones Andrew Day Veronica Vaughn Monica Wilmoth	No	Increase	Yes	Yes	Yes	Low	none
Relay information to the public through the media, website, and other P.I.O.	immediate	Public Information Division Director - Wendy Bailey	Kris Jones Ina Jordan Kathy Denton	No	Increase	Yes	Yes	Yes	Low	none
Act as liaison to DMH Facilities. Provide clinical support services to facilities if necessary.	2 days	Bureau Chief of Mental Health - Diana Mikula	Matt Armstrong Lisa Romine Kris ones	No	Increase	Yes	Yes	Yes	Low	none

Department of Mental Health								Contact:		
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Maintain contact and relay information both to and from &D facilities.	3 days	Bureau Chief of Alcohol and Drug Abuse - Herbert Loving	Jerri Avery Melody Winston Ginger Steadman	No	possible increase	Yes	Yes	Yes	Low	none

Military Department								Contact: Colonel Smithson (601) 313-6313		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Maintenance of IT systems at State HQ	24 hrs	20 IT Specialists	Yes – tasked to subordinate units for IT specialists	Yes, must have attended Microsoft IT Mgr Course	Increase	Yes	Both. IT systems can be accessed via VPN or from COOP site at Camp Shelby	Yes	Low	Social Distancing SOP
Maintenance of SPAHRS payroll system	36 hours	3 payroll personnel	Yes – additional taskings to State Resource personnel. A total of 10 personnel id'd.	No	Increase	Yes	Limited telework. Can be performed at any state agency.	Yes. Two COOP sites identified.	Low	No
Emergency Power	Immediate	2 personnel	Yes- Ops personnel designated for emergency power	No	Increase	Yes	No	No	Low	No
Aerial Operations	Immediate	25	Yes – over 100 available pilots	Yes – flight school	Increase	Yes	No	N/A	Medium	Yes

Military Department								Contact: Colonel Smithson (601) 313-6313		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Security Operations	Immediate	200	Yes – over 1000 Soldiers avail	No	Increase	Yes	No	N/A	Medium	Yes
POD Operations	Immediate	500	Yes- over 1,500 Soldiers avail	No	Increase	Yes	No	N/A	Medium	Yes
Transportation Support	Immediate	100	Yes – over 200 Soldiers Avail	No	Increase	Yes	No	N/a	Medium	Yes
Communications Support	Immediate	30	Yes	No	Increase	Yes	No	Yes	Low	Yes
Maintenance of all Logistics and Federal IT Systems	24 hours	45	Yes – two directorates tasked with providing back-up personnel	No	Increase	Yes	No	Yes	Low	Yes

Mississippi Development Authority								Contact: Jan Sims 601-359-9359		
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
Essential Function	Recovery time objective (RTO)	Normally performed by: (position(s) & # of personnel)	Three backup personnel cross-trained to continue function	Special credentials needed to perform? Yes/no; if yes, please state	Is pandemic event likely to increase or decrease need for service/function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High	Protective measures for personnel in use &/or needed
Public Information Officer support for the Governor's Office	Available 24/7	Marketing & Communications Director (Melissa Medley)	Public Relations Manager & staff	IS 100, 200, 700, ICS 300, 400	Increase	Yes	State EOC or WebEOC	Yes	Medium	None
Public Information Officer support for MEMA	Available 24/7	Marketing & Communications Director (Melissa Medley)	Public Relations Manager & staff	IS 100, 200, 700, ICS 300, 400	Increase	Yes	State EOC or WebEOC	Yes	Medium	None
Administration of Energy Division's Emergency Support Function (ESF) 12	Available 24/7	Betty Norman	Energy Division staff	IS 100, 200, 700, ICS 300, 400	No effect	Yes	State EOC or WebEOC	Yes	Medium	None

Mississippi Development Authority								Contact: Jan Sims 601-359-9359		
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Essential Function	Recovery time objective (RTO)	Normally performed by: (position(s) & # of personnel)	Three backup personnel cross-trained to continue function	Special credentials needed to perform? Yes/no; if yes, please state	Is pandemic event likely to increase or decrease need for service/function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High	Protective measures for personnel in use &/or needed
Administration of Federal Disaster Recovery funds for Hurricane Katrina recovery(Homeowners' Assistance, Infrastructure, Economic Development, Public Housing, Federal Reporting)	Within 2 days	Director, Jon Mabry; Communications, Lee Youngblood; federal reporting, Stacy McEachern; Homeowners Assistance, Derek Park; Infrastructure, Kaci Allen; Economic Development, David Wild; Public Housing, Lynn Seals; Small Rental, Nell Rogers; Community Revitalization, Tommy Walman; Port of Gulfport, Elizabeth Stanga; Compliance, Chuck Bearman)	Staff in each area mentioned in #3 (50 people in division in total)	Knowledge of HUD regulations	No effect	Yes	Yes	Yes	Medium	None

Mississippi Development Authority								Contact: Jan Sims 601-359-9359		
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Essential Function	Recovery time objective (RTO)	Normally performed by: (position(s) & # of personnel)	Three backup personnel cross-trained to continue function	Special credentials needed to perform? Yes/no; if yes, please state	Is pandemic event likely to increase or decrease need for service/function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High	Protective measures for personnel in use &/or needed
Administration of Community Services division's federal and state funds (CDBG, CAP, RAIL, RIF, HB530, HRL)	Within 2 days	Federal funds, Bureau Managers (Tracy Giles, Gloria Adams, Dana Jones, Caldon Williams); State funds, Bureau Mangers (Dean Patterson, Lillie Naylor)	Division staff (30 in total)	Knowledge of HUD regulations, state regulations	No effect	Yes	Remote access to network files	Yes	Medium	None
Administration of Financial Resources division loans and grants	Within 2 days	Division director and staff	Staff of 5	Knowledge of tax laws	No effect	Yes	Yes	Yes	Medium to Low	None
Administration of Global division projects, including services to prospects, clients and communities	Within 2 days	Division director and project managers	Staff of 8	Knowledge of existing projects	No effect	Yes	Yes	Yes	Medium	None
Administration of Human Resources responsibilities to employees	Within 2 days	All HR staff (7 people)	HR staff of 7	Knowledge of workers compensation laws, payroll processing	Increase	Yes	Yes	Yes	Medium	None

Mississippi Development Authority								Contact: Jan Sims 601-359-9359		
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Essential Function	Recovery time objective (RTO)	Normally performed by: (position(s) & # of personnel)	Three backup personnel cross-trained to continue function	Special credentials needed to perform? Yes/no; if yes, please state	Is pandemic event likely to increase or decrease need for service/function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High	Protective measures for personnel in use &/or needed
Maintenance of Information Technology capabilities	Available 24/7	IT staff (7 people)	IT staff of 7	Knowledge of MDA network and applications	Increase	Yes	Yes	Yes	Medium	None
Motor pool transportation, mail processing and ITS connectivity	Within 2 days	Division director and staff	Staff of 5	Knowledge of MDA procedures	No effect	Yes	No	No—motor pool and mail must be performed at Woolfolk Building	Medium	None
Travel/Tourist Assistance to Mississippi travelers and project support for film office	Within 2 days	Welcome Center staff and Film Office staff	3 staff members at each welcome center, 4 staff members in Film Office	No	No effect	Yes	Welcome Centers, no; film office, yes	Welcome Centers, no; film office, yes	Medium	None

Oil and Gas Board								Contact:		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Technical – Field Inspectors	Week	Field Inspector/ 7 positions normally perform this function across the state	Other Field Inspectors/ Supervisor O&G Board/Chief Engineer/UIC Coordinator	No	Decrease	O&G Board Statewide Rules	Verbal approvals can be given for certain work, but other work must be witnessed in the field	Certain work can be accomplished by telephone through verbal approvals	Medium/Job requires being outdoors daily with contact with general public	None
Senior Technical Staff	Week	O&G Supervisor – 1 Chief Engineer - 1 UIC Coordinator - 1	Senior Technical Staff back each other except for certain functions that are reserved for the Supervisor. Junior Technical Staff (2) can manage many functions.	Yes Engineering or Geology degrees and certifications	Decrease	O&G Board Statewide Rules	Verbal approvals can be given for certain work by telephone or email	Telephone/cell phone is available for public to contact staff	Low	None

Oil and Gas Board								Contact:		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Junior Technical Staff	Week	Environmental Administrator II – 2	Senior Technical Staff (3) can assume functions performed by Junior Technical Staff.	No	Decrease	O&G Board Statewide Rules	Verbal approvals can be given for certain work by telephone or email	Certain work can be accomplished by telephone through verbal approvals	Low	None
Non-Technical Personnel providing Administration of Docket File Room and Production Sections	Week	Docket Administrator – 1 Administrative Assistant III - 9	Docket Administrator can be backed up by the Section Assistant. Senior/Jr Technical Staff and other Admin III from other Sections.	No	Decrease	Verbal Directions	No	No – Sections require actual physical access to data within sections that is being scanned but not available through the internet	Low – Minimal contact with public on walk-in basis only	None
IT Dept	2 days	System administrators: Lead – 1 Senior – 2	ITS or would contractor with private sector	Yes Certain IT education or certification in current software/hardware	Neither	Equipment manuals and in-house training	Yes – for hosting internet and some in-house software programs	Yes – if budget and hardware are increased	Low	None

Oil and Gas Board								Contact:		
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Accounting/HR	Week	Fin/Pers. Director – 1 Accountant Aud. – 2 Purchasing Clerk – 1	HR/Fin. Staff or private sector contractor	No	Increase for HR duties	DFA on- line procedures and in- house instructions	Yes with proper SAAS Id's	No secure link to SAAS system	Low	None

Department of Public Safety								Contact: Delaine Stacy 601-420-6342		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Public Safety Mission State LE Presence BU Local LE	0	Troopers	Yes	Y Trooper or LEO	Increase	N	N	N	High	N
Command & Control	0	Command Staff	Commissioner, Colonel, LTC, Majors	Y, Trooper	Increase	In Part	In Part	In part	Med	N
Dispatch Communications	0	Dispatchers 5 per district	No	Y Dispatcher	Increase	Not for pand	N	N	Med	N
Traffic Control	0	Troopers	Yes	Yes, LEO	Increase	N	N	N	High	N
Investigations	0	Investigators	In part	Y LEO	Increase	N	N	N	High	N
Fleet Services Patrol and Spec Vehicles	2 days	Mechanics 3 statewide	No	Y, Auto tech	Not sure	N	N	N	Med	N
Communications repair	0	Electronic Techs Statewide 3	N	Y, Comm techs	Increase	N	N	N	High	N
Driver Services ID purposes	2 Days	DL clerks	Y	Y Operate Issuing station	Increase	N	N	N	High	N
Operation of HLS Fusion Center Intel	0	Intel Analyst	N	Y Training	Increase	N	Y	?	Med	N

Department of Rehabilitation Services								Contact: Brett Cone 601-853-5452		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Crisis Management Declares any emergency and activates the M-CERP. Directs response & recovery Teams.	?	Mr. H.S. McMillan, (Executive Director)	Sheila Browning Gary Neely Chris Howard	No	Yes	Yes	Yes. Both	Yes	Low	Yes
Continuity		Pat Klar (HRD Director)	Mike Gandy Jo Ann Summers Ann Rowles	No	Yes	Yes	Yes	Yes	Low	Yes
Communication		Natalie Wagner, (Communications Director)	Kristy Embry Nancy Alderman	No	Yes	Yes	Yes	Yes	Low	Yes
Evacuation		Sheila Browning, (Deputy Director)	Charles Terry Charlesetta Blanchard Hardy Mitchell	No	Yes	Yes	Yes	Yes	Low	Yes
Liaison		Gary Neely, (Deputy Director)	Lee Alderman Swayze Cheatham	No	Yes	Yes	Yes	Yes	Low	Yes

State Health Department					Contact: Jim Craig 601-576-7680					
1	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
Essential Function	Recovery time objective (RTO)	Normally performed by: (position(s) & # of personnel)	Three backup personnel cross-trained to continue function	Special credentials needed to perform? Yes/no; if yes, please state	Is pandemic event likely to increase or decrease need for service/function?	SOP(s) Available?	Can be performed via telework or alternate location? (specify which)	Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	Exposure risk to novel influenza: Low, Medium, High, Very High ⁸	Protective measures for personnel in use &/or needed
Public Health Districts maintain command and control of clinics and WIC warehouses	12-24 hours	Public Health Districts	Yes	Yes for some RN/MD license	decrease	Yes				
Public Health Districts function during response to widespread events/ESF8 Support	Less than 12 hrs	Public Health Districts	Yes	Yes for some RN/MD license	increase	Yes				
Public Health District daily activities for clinics, WIC distribution, home health and environmental	12-24 hrs	Public Health Districts	Yes	Yes for some RN/MD license	decrease	Yes				
Emergency Medical Services- 24 hour Support EMS Communication;										
Radiological										

⁸ See exposure risk guidance following worksheet.

State Health Department					Contact: Jim Craig 601-576-7680					
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Health-Rad Emergency Response										
Environmental Health-analyze water; issue boil water notices; water sampling										
Environmental Health-Food protection										
Field Operations-consultation to field staff										
Field Services-direct support to communicable disease control when Public Health intervention is indicated										
Health Informatics-Network Administration										

State Health Department					Contact: Jim Craig 601-576-7680					
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HI-Phone system HI-Technical Support HI-database management HI-Application/campus Security										
Health Services- Emergency WIC Services										
Health Services- Newborn Health Screening										
Human Resources- Employee register and payroll										
HR-Employee Benefits										
Communications- Press Conferences; Media Briefings; Public Information; Web Site; Communications-										

State Health Department					Contact: Jim Craig 601-576-7680					
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Media Calls										
Emergency Preparedness- Coordinate External Public Health Declarations	<12	Yes	Yes	No	Increase	Yes	Yes	Yes	For response teams-very high; support staff-medium to low	In use
EPR-Oversee emergency response and incident command	<12	Yes	Yes	No	Increase	Yes	Yes	Yes	For response teams-very high; support staff-medium to low	In use
EPR-Coordinate medical surge	<12	Yes	Yes	No	Increase	Yes	Yes	Yes	For response teams-very high; support staff-medium to low	In use
EPR-Distribute large volume of pharmaceuticals	<12	Yes	Yes	No	Increase	Yes	Yes	Yes	For response teams-very high;	In use

State Health Department					Contact: Jim Craig 601-576-7680					
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									support staff-medium to low	
Liaison with MEMA; Other state agencies	<12	Yes	Yes	No	Increase	Yes	Yes	Yes	For response teams-very high; support staff-medium to low	In use
Office of Epidemiologist										
Epi-Consultation services to districts										
Epi-Maintain Support for diagnostic testing (TB/STD/HIV)										
Epi-Records Mgmt										
Epi-Vaccine Administration										
Epi-Crossroads Clinic										
Epi-Quarantine and Isolation										
Epi-Disease surveillance;										

State Health Department					Contact: Jim Craig 601-576-7680					
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Investigation, control and prevention										
Epi-Treatment Delivery										
Office of State Health Officer-CON Approval/Extension										
SHO-SNS Request for deployment										
SHO-Public Distribution of Potassium Iodine (KI)										
SHO-Petition Gov. for Emergency Declaration										
Public Health Laboratory-BT/PF event response PHL-infectious disease surveillance										
PHL-Testing water for total Coliform/E. Coli										
PHL-Testing raw milk										
PHL-Testing										

State Health Department					Contact: Jim Craig 601-576-7680					
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finished milk products										
PHL-Determine nitrate levels in drinking water										
Public Health Pharmacy-BT/Disaster Response										
PHP-Processing prescriptions										
PHP-Clinic supplies to county health departments										

MS Dept of Revenue								Contact:		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Admin Services Processing - Making sure money is deposited as fast as possible	2 day	22 - DP – Data Entry Operator	Everyone backs up each other	No	Same	No	No	No, home computers not available	Medium	Hand sanitizers and tissues
Admin Services Accounting/Payroll - Make sure money is deposited as fast as possible	2 day	TC-Tax Accountant	Everyone backs up each other	No	Same	No	Yes	No, home computers not available	Medium	Hand sanitizers and tissues
Admin Services - Sales Tax – City Diversion and GF Collections	3 days	TC-Tax Accountant	Everyone backs up each other	No	Same	No	Yes	No, home computers not available	Medium	Hand sanitizers and tissues
Admin Services - Income Tax – GF Collections & Refunds	7 days	TC-Tax Accountant	Everyone backs up each other	No	Same	No	Yes	No, home computers not available	Medium	Hand sanitizers and tissues
Admin Services - Petroleum Tax – MDOT Collections	7 days	TC-Tax Accountant	Everyone backs up each other	No	Same	No	Yes	No, home computers not available	Medium	Hand sanitizers and tissues

MS Dept of Revenue								Contact:		
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Admin Services - Motor Vehicle Licensing – County Support and diversions	2 day	TC-Tax Accountant	Everyone backs up each other	No	Same	No	Yes	No, home computers not available	Medium	Hand sanitizers and tissues
Admin Services - Title – GF Collections	2 day	DP – Data Entry Operator TC-Tax Accountant	Everyone backs up each other	No	Same	No	No	No, home computers not available	Medium	Hand sanitizers and tissues
Admin Services Miscellaneous Tax – GF Collections and City/County diversions	2 day	TC-Tax Accountant	Everyone backs up each other	No	Same	No	No	No, home computers not available	Medium	Hand sanitizers and tissues
Admin Services - Alcohol Beverage Control – GF Collections & Wine/Spirits Shipments	2 day	TC-Tax Accountant	Everyone backs up each other	No	Same	No	No	No, home computers not available	Medium	Hand sanitizers and tissues

MS Dept of Revenue								Contact:		
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Human Resources – New Employee Orientations	3 days	Personnel Officer IV	3 other HR staff members are crossed trained to perform this duty.	No	Same	Yes	No	No, home computers not available	Medium	Hand sanitizers and tissues
Human Resources – Employee Terminations	14 days	Personnel Officer IV	3 other HR staff members are crossed trained to perform this duty.	No	Same	Yes	No	No, home computers not available	Medium	Hand sanitizers and tissues
ABC Enforcement Background Investigations worked on new businesses.	14 days	ABC Agent 22	Agents in other Areas of state would have to be temporarily re-assigned to geographical location.	Yes. Law Enforcement	Same	Yes	No	No. Agent must go to location where permit will be issued.	Medium	Needed. Surgical type masks, vaccine, sanitary supplies.

MS Dept of Revenue								Contact:		
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ABC Enforcement Service of Commission Orders	1 day	ABC Agent 22	Agents in other areas of state would have to be temporarily assigned to geographical location.	Yes. Law Enforcement	Same	Yes	No	No. Agent must go to location to serve order.	Medium	Needed. Surgical type Masks, vaccine, sanitary supplies.
ABC Enforcement Agents M.E.M.A. ESF 13 status (could be activated by Governor during pandemic).	1 day	ABC Agent 22	Available Agents would respond.	Yes. Law Enforcement	Same	Yes	No	No. Agent must be present at location	Medium	Needed. Surgical type Mask, vaccine, sanitary supplies. Food, Water, Hotel.
ABC Enforcement Public Safety	1 day	ABC Agent 22	Agents in other parts of state would have to respond to geographical location.	Yes. Law Enforcement	Same	Yes	No	No. Agent must be present at location.	Medium	Needed. Surgical type masks. Vaccine, sanitary supplies.

MS Dept of Revenue								Contact:		
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ABC Enforcement - Permit Department Functions (Administering, reviewing permit applications, assist in commission hearing).	7 days	Permit personnel	None	No	Same	Yes	No	No	Medium	Needed. Surgical type masks. Sanitary Supplies.
OIT - Ensure Network Connectivity	2 days	4 SA	2 SM	Novell, MicroSoft-Server, LAN acknowledge	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues
OIT - Perform EC Deposit	2 days	1 P/A	1 SM 1 PA	C++, FoxPro	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues
OIT - Provide technical support for DRDC deposit	2 days	1 P/A, 1 LSA	1 SM 1 PA	Java, C++, Postgres	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues

MS Dept of Revenue								Contact:		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
OIT - Provide technical support for Heads-Down Data Entry deposit	2 days	4 SA	2 SM	Lifeworks	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues
OIT - Ensure DRDC environment is operational	2 days	4 P/A	1 SM 1 PA	C++, Progress	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues
OIT - Ensure essential tax applications are operational	2 days	4 P/A	4 P/A	COBOL, CICS, Java, PwrBldr, Websphere	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues
OIT - Ensure Web Services are operational	2 days	4 P/A	1 SM 1 PA	Novell, Java	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues

MS Dept of Revenue								Contact:		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
OIT - Ensure telephone system is operational	2 days	1 AA	2 SA	No	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues
OIT - Ensure Title Network is operational	2 days	1 P/A	1 LPA 1 PA	COBOL, CICS	Same	Yes	Partially	Yes	Medium	Hand sanitizers and tissues
Executive – Administrative Support	1 day	Matthews	Foshee	No	Increase	No	Partially	Partially	Medium	Hand sanitizers and tissues
Executive – Communications	1 day	Waterbury	Gorman Gorman	No	Increase	No	Partially	Yes – Phone No – Computer	Medium	Hand sanitizers and tissues
Executive – Decision Making	1 days	Ed Morgan Alice Gorman	Ed Morgan Alice Gorman	No	Increase	No	Partial	Partial	Medium	Hand sanitizers and tissues
Executive – Commission Hearing/Appeals/Rulings	30 days	Sam Polk	No	No	Same	No	Partial	Partial	Medium	Hand sanitizers and tissues

MS Dept of Revenue								Contact:		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Revenue – Process Returns Check error list, correct paper & electronic returns with problems, write JEs, generate invoices & correspondence, process Voluntary Disclosure Agreements (VDA), file & scan documents.	2 days	17 Tax Processors 38 Tax Revenue Analysts 6 Tax Auditors	Everyone backs up each other	No	Same	No	No	No	Medium	Hand sanitizers and tissues
Revenue - Business Authorization Print Permit, print Renewal Permit, verify Permit information, mail Permit to taxpayer, approve new products, approve product labels, file and scan documents.	1 day	Tax Processors Tax Revenue Analysts	Everyone backs up each other	No	Same	No	No	No	Medium	Hand sanitizers and tissues
Revenue – Diversions, Check-offs & Refunds Verify information, determine amounts, inform Accounting	2 days	10 Tax Revenue Analysts	Everyone backs up each other	No	Same	No	No	No	Medium	Hand sanitizers and tissues

MS Dept of Revenue								Contact:		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross- trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/ function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
Revenue – Register Taxpayers Issue forms, verify application information, enter information into computer system, mail new taxpayer packets, file and scan documents	3 days	3 Tax Processors 6 Tax Revenue Analysts	Everyone backs up each other	No	Same	No	No	No	Medium	Hand sanitizers and tissues

Department of Transportation								Contact: Bob Chapman 601-359-7122		
1. Essential Function	2. Recovery time objective (RTO)	3. Normally performed by: (position(s) & # of personnel)	4. Three backup personnel cross-trained to continue function	5. Special credentials needed to perform? Yes/no; if yes, please state	6. Is pandemic event likely to increase or decrease need for service/function?	7. SOP(s) Available?	8. Can be performed via telework or alternate location? (specify which)	9. Are resources available to conduct the function via telework or alternate location? (if no, identify gaps)	10. Exposure risk to novel influenza: Low, Medium, High, Very High	11. Protective measures for personnel in use &/or needed
INFORMATION SYSTEMS	24 hours	80	YES	YES – SECURITY CLEARANCE	INCREASE	YES	ALTERNATE	YES	LOW	NO
FINANCIAL MANAGEMENT	72 hours	50	YES	NO	INCREASE	YES	ALTERNATE	YES	LOW	NO
CONTRACT ADMINISTRATION	72 hours	20	YES	NO	SAME	YES	ALTERNATE	YES	LOW	NO
PROCUREMENT	48 hours	11	YES	NO	INCREASE	YES	ALTERNATE	YES	LOW	NO
FACILITY & RECORDS MANAGEMENT	72 hours	35	YES	NO	INCREASE	YES	ALTERNATE	YES	LOW	NO
ENFORCEMENT (20 per District & 10 in Jackson)	48 hours	130	YES	YES – SWORN OFFICER	INCREASE	YES	ALTERNATE	YES	LOW	NO
DISTRICT MAINTENANCE (6 Districts @ 50 per District)	48 hours	300	YES	NO	INCREASE	YES	ALTERNATE	YES	LOW	NO

Attachment II.A.b: HR Policies in a Pandemic

Policy/program	Pandemic Issue	Current law & policy references <i>SPB = State Personnel Board Policy and Procedures Manual, 2008</i>
Sick leave	Employees must use personal or compensatory leave for first day before sick leave; should this also be applicable in pandemic?	SPB 7.22 Leave “Employees, including part-time employees, shall be granted leave as provided in §25-3-91, et. seq., §25-9-125, §33-1-19, and §33-1-21, Mississippi Code of 1972, Annotated, as amended. No other kind of leave may be granted.” “...Employees are encouraged to use earned personal leave. Personal leave may be used for vacations and personal business as authorized by the appointing authority and shall be used for illnesses of the employee requiring absences of one (1) day or less. Accrued personal or compensatory leave shall be used for the first day of an employee's illness requiring his/her absence of more than one (1) day.”
Sick & personal leave	Need for leave to care for ill family members	Medical leave can be used, if employee has leave available, to care for ill family members. SPB 7.22.3 Major Medical Leave “...Major medical leave may be used for the illness or injury of an employee or member of the employee's immediate family as defined in § 25-3-95, Mississippi Code of 1972, Annotated, as amended, only after the employee has used one (1) day of accrued personal or compensatory leave for each absence due to illness or leave without pay if the employee has no accrued personal or compensatory leave.” “...Accrued personal or compensatory leave may also be used for an illness in the employee's immediate family as defined in § 25-3-95, Mississippi Code of 1972, Annotated, as amended.” A. Exhaustion of Major Medical Leave An employee is entitled to use all accrued major medical leave for recuperation from illness. In cases of illness or disability exhausting available major medical leave, the employee may be allowed to charge the excess days against accumulated personal leave or compensatory time earned by the employee. If all major medical and personal leave have been exhausted and the employee is eligible to receive and has received donated leave, the donated leave may be used. If all accumulated major medical leave,

Policy/program	Pandemic Issue	Current law & policy references SPB = <i>State Personnel Board Policy and Procedures Manual</i> , 2008
		<p>personal leave, and compensatory time have been used, employees are subject to a pro-rata deduction from their salaries for the length of time or number of days in excess of accumulated leave.”</p> <p>See eligibility for donated leave below (only for catastrophic illness).</p>
Leave not available & Leave pool	Leave policy when no leave is available (leave pool used only in case of catastrophic event/illness?)	<p>Influenza is not considered a catastrophic illness under state policy, and so catastrophic leave pool is not applicable.</p> <p>SPB 7.22.4 Donated Leave for Catastrophic Injury or Illness “...Conditions that are short-term in nature, including, but not limited to, common illnesses such as influenza and the measles, and common injuries are not catastrophic.” ...F. Beginning March 25, 2003, the maximum period that an employee may use donated leave without resuming work at his/her place of employment is ninety (90) days, which commences on the first day that the recipient employee uses donated leave.”</p>
Well essential employee	<p>Can employee who performs essential function take personal leave (can agency deny) if he/she is well but does not want to come to work for fear of exposure?</p> <p>If no personal leave available, can employee take sick leave or Leave Without Pay (LWOP)?</p> <p>Can agency terminate employment if essential employee refuses to come to work?</p>	<p>Personal leave is subject to the approval of the agency/department.</p> <p>SPB 7.22.2 Personal Leave “Personal leave shall be administered as provided in § 25-3-93 and 25-3-97, Mississippi Code of 1972, Annotated, as amended.” ... “Employees are encouraged to use earned personal leave. Personal leave may be used for vacations and personal business as authorized by the appointing authority and shall be used for illnesses of the employee requiring absences of one (1) day or less.” ” The time for taking personal leave, except when such leave is taken due to an illness, shall be determined by the appointing authority of the agency in which such employees are employed.”</p> <p>Leave of absence without pay also is subject to approval by the agency/department. SPB 7.22.7.</p> <p>Failure to report to work at the times designated by the agency/department is a violation of the Standards of Employee Conduct. SPB 7.40.1.</p> <p>Under SPB 9.10.B, failure to report for work and subordination are Group Two offenses, which can be “disciplined by written reprimand and/or suspension without pay not to exceed five (5) working days. Two (2) Group Two reprimands within a one (1) year period</p>

Policy/program	Pandemic Issue	Current law & policy references SPB = <i>State Personnel Board Policy and Procedures Manual</i> , 2008
		may result in demotion or dismissal.”
FMLA	Can FMLA be used in pandemic? Is there consistency across agencies on how administered?	<p>It is possible that the Family and Medical Leave Act of 1993 (FMLA) is applicable in a pandemic but on a case-by-case basis - only if the influenza creates a serious health condition. The FMLA defines a “serious health condition” as “an illness, injury, impairment, or physical or medical condition” that involves either “inpatient care in a hospital, hospice, or residential medical care facility; or ... continuing treatment by a health care provider.” 29 U.S.C. §2611(11). If other FMLA eligibility requirements are met (see below), an employee who develops a serious medical condition as a result of influenza may qualify for FMLA coverage. It is unlikely that most otherwise healthy employees who get sick with influenza will meet the “serious health condition” standard. The same standard applies with regard to application of FMLA to care for ill family members.</p> <p>See SPB 7.91.3(J) for state definition specifics (e.g., for serious health condition, must be sick three consecutive days and see medical professional, as defined, two or more times, or continuing treatment, for the condition). Certification by a qualified medical professional is required.</p> <p>The FMLA allows for up to 12 workweeks of leave in cases in which it is applicable; however, it does not guarantee that it will be paid leave. An employer can require the employee to use vacation or sick leave for the leave; if the employee does not have leave, then employee is likely granted unpaid leave.</p> <p>SPB 7.91.4 Eligibility An eligible employee is one who has been employed by the state for at least a total of twelve (12) months, and has worked for at least 1,250 hours over the prior twelve (12) months.</p> <p>SPB 7.91.5 Entitlement FMLA entitles eligible State employees to take up to twelve (12) weeks of unpaid, job-protected leave during any twelve (12) month period for any one or more of the following family and medical reasons: ...</p> <p>C. To care for an immediate family member with a serious health condition;</p>

Policy/program	Pandemic Issue	Current law & policy references SPB = <i>State Personnel Board Policy and Procedures Manual</i> , 2008
		<p>D. Because of a serious health condition that makes the employee unable to perform one or more of the essential functions of his/her job.</p> <p>SPB 7.91.12 Maintenance of Benefits... B. Health Insurance An agency is required to maintain group health insurance coverage for an employee on FMLA leave whenever such insurance was provided before the leave was taken, and on the same terms as if the employee had continued work.</p> <p>See other SPB 7.91 subsections for other FMLA details.</p>
Administrative leave	Policy is:	<p>SPB 7.22.6 Administrative Leave “In accordance with § 25-3-92 (2), Mississippi Code of 1972, Annotated” “B. The Governor or the appointing authority may grant administrative leave with pay to state employees on a local or statewide basis in the event of extreme weather conditions or in the event of a manmade, technological, or natural disaster or emergency.” ~~ “C. The appointing authority may grant administrative leave with pay to any employee who is a certified disaster service volunteer of the American Red Cross who participates in specialized disaster relief services for the American Red Cross in this state and in states contiguous to this state when the American Red Cross requests the employee's participation. Administrative leave granted under this paragraph shall not exceed twenty (20) days in any twelve (12) month period. An employee on leave under this paragraph shall not be deemed an employee of the state for the purposes of workers' compensation or for purposes of claims against the state allowed under § 25-3-92, Mississippi Code of 1972, Annotated, as amended. As used in this paragraph, the term "disaster" includes disasters designated at Level II and above in the American Red Cross national regulations and procedures.</p> <p><i>Possible action needed: Clarification via legislative amendment or Attorney General opinion may be beneficial to specify that a declared pandemic is considered an emergency under §25-3-92. No reference to Level II disaster was found in American Red Cross materials available at www.redcross.org, so the reference in subparagraph C. is</i></p>

Policy/program	Pandemic Issue	Current law & policy references SPB = <i>State Personnel Board Policy and Procedures Manual</i> , 2008 <i>likely out of date and of limited value.</i>
Leave & insurance	If employee has exhausted leave time and is out, does this impact insurance coverage?	<p>Health insurance benefits are addressed in the State Employee and Teacher Health Plan, available from the Office of Insurance in the Department of Finance and Administration.</p> <p>If an employee is no longer receiving pay from his employer and has been approved for a leave of absence without pay, health insurance coverage can be extended for up to 12 months for both the employee and his/her covered dependents. If an employee is placed on involuntary furlough without pay, coverage can be continued until the employee returns from furlough to full-time employment. In these instances, the employee should contact his/her agency/department's Human Resources office for details. State Employee and Teacher Health Plan, p. 56.</p> <p>SPB Policy # 7.20 Benefits Except for rulemaking authority in the area of leave, the State Personnel Board does not have the authority to make rules regarding the administration of benefits for state employees. Citations of Mississippi Code of 1972, Annotated, as amended, are provided to help users find the applicable laws.</p>
Doctor's note	Agencies require a doctor's note if illness/out of work exceeds 32 hours.	<p>SPB 7.22.3 Major Medical Leave "...For each absence due to illness of thirty-two (32) consecutive working hours (combined personal leave and major medical leave) major medical leave shall be authorized only when certified by their attending physician."</p> <p><i>Possible action needed: Modification of policy requiring doctor's note in a declared pandemic (broadening to allow certification by other qualified healthcare professional or waived altogether), or clarification that certification can be provided by fax or other remote means.</i></p>
Non-pharmaceutical interventions	Can the state tell workers they have to stay home? What leave policies then apply?	<p>Yes. See Administrative Leave above.</p> <p>SPB 7.22.7.A Leave of Absence <i>(in addition to other leave policies)</i> § 25-3-93 (2), Mississippi Code of 1972, Annotated, as amended, provides that an employee may, upon written application to and in the discretion of the appointing authority, obtain a leave of absence without pay not to exceed twelve (12) months,</p>














Policy/program	Pandemic Issue	Current law & policy references SPB = <i>State Personnel Board Policy and Procedures Manual</i> , 2008
		<p>without forfeiting previously accumulated continuous service.</p> <p>The State Employee Handbook, p. 34, states, "Leave without pay is employee leave taken in the absence of paid leave. LWOP must be authorized by the appointing authority. When a state government employee is on LWOP, it is the employee's responsibility to pay the employee and employer portion, if any, of all insurance premiums the employee wishes to continue. In order to continue insurance coverage while out on LWOP, the employee should contact his/her human resources director.</p>
Flu-like symptoms	Is there a state policy for when to report/not report to work regarding flu-like symptoms?	No current state policy. Guidance is provided to state agencies by MSDH and CDC based on influenza strain.
Leave /telework combination	Telework when the person still shows symptoms and knows he is ill but can work at his home: what is the interaction of both with regard to leave usage and cessation of taking leave?	<p>Telework and leave allocation are at the discretion of the employing agency/department.</p> <p>SPB 7.21.2 Employee Work Schedules "...The appointing authority may develop modified work schedules providing for flextime or compressed work schedules." Flextime" is a schedule that offers employees a choice, within limits, to vary their arrival and departure times from work. A "compressed work schedule" allows an employee to complete the forty (40) hour workweek requirements in less than the usual five (5) workdays a week."</p>
Return to work	Doctor's note needed/sufficient?	<p>Doctor's note not needed to return to work. Employees are to follow MSDH and CDC guidance. Doctor's note/certification is required for documenting sick leave.</p> <p>SPB 7.22.3 Major Medical Leave Major medical leave may be used for the illness or injury of an employee or member of the employee's immediate family as defined in § 25-3-95, Mississippi Code of 1972, Annotated, as amended, only after the employee has used one (1) day of accrued personal or compensatory leave for each absence due to illness or leave without pay if the employee has no accrued personal or compensatory leave. Mississippi Code of 1972, Annotated, as amended, For each absence due to illness of thirty-two (32) consecutive working hours (combined personal leave and major medical leave) major medical leave shall be authorized only when certified by their attending physician.</p>

Policy/program	Pandemic Issue	Current law & policy references SPB = <i>State Personnel Board Policy and Procedures Manual</i> , 2008
Retired & contract employees	Flexibility in activating retired or contract employees. Current policy is:	<p>Emergency appointments can be made under SPB 5.0.11. An emergency appointment is defined as the employment of an individual for a specified period of time to perform tasks which directly or indirectly involve the continuing care and protection of life or property. Emergency appointments are valid for 60 days.</p> <p>An executive head of an agency may enter into an expedited emergency contract to procure services required in an emergency. Section 3-206, Personal Service Contract Procurement Regulations, promulgated by the Personal Service Contract Review Board.</p> <p>Contracts of \$100,000 or more for professional services by agencies under the authority of the Personal Service Contract Review Board must be approved in accordance with regulations of the Personal Service Contract Review Board and §25-9.120(3), Mississippi Code of 1972, Annotated.</p> <p>Public Employees Retirement System (PERS) participation and coverage is provided to employees in positions requiring employees to work and receive compensation for not less than 20 hours per week OR not less than 80 hours per month. Participation is restricted to employees whose wages are subject to payroll taxes and are reported on IRS Form W-2. (<i>See PERS Policy and Procedures</i>)</p>
Transfer/reassignment	What are policies regarding transfer/temporary reassignment of employees to another agency? Who pays employee?	<p>A state agency under the authority of the State Personnel Board can enter into a contract with another state agency. Personal and Professional Service Contract Procedures Memorandum, April 2004.</p> <p>SPB 6.13.8 Swap or Transfer of Positions with Legislative Authority Interagency swap requires legislative authorization</p>
Flexible schedules & Telework	Flex schedule & telework policies are agency-specific.	<p>SPB 7.21.2 Employee Work Schedules §25-1-98, Mississippi Code of 1972, Annotated, as amended, requires all state offices to be open and staffed for the normal conduct of business from 8:00am until 5:00pm, Monday through Friday....The appointing authority may develop modified work schedules providing for flextime or compressed work schedules. "Flextime" is a schedule that offers employees a choice, within limits, to vary their arrival and departure times from work. A "compressed work schedule" allows an employee to complete the forty (40) hour workweek requirements in less than the usual five (5) workdays a week.</p>





Policy/program	Pandemic Issue	Current law & policy references SPB = <i>State Personnel Board Policy and Procedures Manual</i> , 2008
Tracking personnel time	Provisions for tracking/billing telework time, overtime and compensation time	Tracking employee time is the responsible of the agency/department. SPB 7.40.1 Attendance All employees shall report to and leave work at the times designated by the appointing authority. Planned lost time shall be arranged with the supervisor in advance and unexpected lost time shall be reported as promptly as possible to the supervisor at the beginning of the employee's scheduled work period.
Pay for non-work?	Provisions for paying employees asked to stay home as a non-pharmaceutical intervention	No current state policy other than administrative leave policy noted above. "The Governor or the appointing authority may grant administrative leave with pay to state employees on a local or statewide basis in the event of extreme weather conditions or in the event of a manmade, technological, or natural disaster or emergency." §25-3-92 (2), Mississippi Code of 1972, Annotated. <i>Possible action needed: A policy statement that agency/department use of administrative leave is supported and will be used to further critical state continuity and social distancing efforts in a pandemic. Such a policy statement could be referenced by agencies if/when employees not granted administrative leave with pay object that grant of administrative leave to others is unfair.</i>

SPB Policy Manual references applicable laws regarding HR. Modifying/Changing/Relaxing some of these items would require legislative action.
ALWP = Authorized Leave With Pay ALWOP = Authorized Leave Without Pay LOA = Leave of Absence

Attachment II.E.a: Available Mississippi Assets

EQUIPMENT STATUS		ARNG	ANG	AVAIL
ATTACHMENT II.E.a: Available Mississippi Assets		4		4
UH 72A				
CH-47		5		3
AH-64		8		4
UH-60		10		8
UH-1		4		3
OH-58A/C		2		2
OH-58D		0		0
C-17			8	3
KC-135			8	2
C-12		1		1
C-23		1		1
RC-26			1	1
HMMWV's		609		609

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Generators		310		310
Forklifts		12		12
Fuelers		56		56
2.5 Tons		265		265

PERSONNEL STATUS		ARNG	ANG	AVAIL
ASSIGNED		9,987	2,603	12,590
DEPLOYED		3,957	405	4,362
TOTALS = AVAILABLE		6,030	2,198	8,228
Domestic Response Available (x .70)		4,221	1,539	5,760

47 th CIVIL SUPPORT TEAM					
Location	PAX	Vehicles			
Flowood, MS	22	8			

112 th MILITARY POLICE			
MOS/TYPE	ASSIGNED	MOSQ	AVAILABLE/FMC
31B	348	219	114
ASV	12		11
HMMWV's	90		83

Annex P of MDOT'S Comprehensive Emergency Transportation Response Plan, (CETRP) contains the State's Emergency Assistance Directory and contact information with local, adjoining state, regional, and federal jurisdictions.

Attachment II.E.b: OPLAN 09-003 (Pandemic Influenza)

Copy _____ of Copies _____
Joint Force Headquarters
Mississippi Military
Department
Jackson, MS
30 April 2009

OPLAN 09-003 (Pandemic Influenza)

References:

- a. Mississippi State Department of Health Pandemic Influenza Preparedness and Response Plan, Version 1.3, 10 Jul 2008 (U)
- b. Mississippi Emergency Management Agency (MEMA) Comprehensive Emergency Management Plan, June 2008(U)
- c. Department of Homeland Security (DHS) National Response Framework (NRF) (U)
- d. United States Northern Command (USNORTHCOM), DRAFT Pandemic Influenza CONPLAN 2591, 10 Apr 06 (FOUO with two SECRET Annexes)
- e. NGB CONPLAN, Response to Pandemic Influenza (PI), National Guard Bureau, 21 November 2008, (FOUO)

Time Zone Used Throughout the Plan: Sierra

1. Situation:

a. General: In the event of a pandemic influenza (PI) event, the Governor, State of Mississippi may request assistance from the Mississippi National Guard In support of state response and recovery operations.

(1) Background on this OPLAN: This OPLAN was developed to assist Mississippi National Guard units in preparing for a pandemic influenza within the State of Mississippi. Many aspects of this plan may also be applicable for planning the response to other naturally occurring or terrorist initiated biological epidemics or pandemics, e.g. Severe Acute Respiratory Syndrome (SARS) or Small Pox.

(2) Background on Pandemic Influenza.

(a) The threat of future Pandemic Influenza (PI) has serious national security implications for the State of Mississippi and the entire United States. Because humans have little or no immunity to a new virus, a worldwide pandemic can ensue with substantially higher mortality rates than normal influenza. A pandemic influenza occurs when three conditions are met:

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1. A new influenza type A virus appears or emerges in the human population.
 2. The virus causes serious human illness
 3. The virus spreads easily from person to person
- (b) Influenza is caused by a virus that primarily attacks the upper respiratory tract--the nose, throat and sometimes the lungs. Infection usually lasts for about one week. It is characterized by high fever, headache, malaise, cough and sore throat. Annual influenza epidemics attack from 5% to 15% of the population, causing approximately three to five million cases worldwide, including 250,000 to 500,000 deaths, primarily in the elderly.
- (c) Influenza pandemics are rare but recurring events. They have typically occurred every 10-50 years throughout recorded history. In the 20th century, there were three pandemics: 1918 (caused approximately 40 million deaths), 1957 (caused more than two million deaths) and 1968 (caused approximately one million deaths). These pandemics resulted in approximately 30% of the world population becoming ill, and death in 0.2% to 2% of those infected. Because they bring an abrupt surge in illness and deaths, pandemics frequently overwhelm health services, and can cause severe social disruption and economic losses. Once a fully transmissible human pandemic virus emerges, it is expected to encircle the globe within three months. Because a pandemic strain would be of a new subtype that had not previously circulated in humans, the vast majority of the population would have no immunity to it. While health care sectors will be the first affected, pandemics tend to cause major social and economic disruption, as large numbers of the work force are affected, creating significant strain on essential services. In turn, this interrupts normal trade and travel patterns.
- (d) A pandemic differs from most natural or manmade disasters in nearly every respect. The impact of a severe pandemic may be more comparable to that of global war than an isolated disaster such as a hurricane, earthquake or an act of terrorism, affecting communities of all sizes and compositions. Consequences are impossible to predict in advance because the biological characteristics of the specific virus will not be known until after the pandemic begins. Similarly, the roles of the states and the Federal government in a pandemic response will differ based on the pandemic's scope.
- b. Areas of Concern:
- (1) Area of Responsibility (AOR): The area or areas of the state directly affected by pandemic influenza. AOR's will likely vary due to population density, geographical s, and civil authority capabilities.
 - (2) Area of Interest (AOI): Anywhere within the continental United States in which a confirmed case of human to human transmission a potentially pandemic influenza, or any other type pandemic disease, occurs.
- c. Deterrent Options:
- (1) Public Information Plan: The MSNG Public Information Plan will publicize the Mississippi National Guard's role in the state's pandemic response in order to inform the public and prevent mass hysteria and panic. A proactive MSNG Public Information Plan will assist in providing the public with confidence and a sense of security.

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- (2) Force Health Protection (FHP): FHP measures and procedures will serve to protect MSNG personnel and their families from contracting influenza. FHP measures include the proper use of personal protective equipment (PPE).

d. Threat Forces: Reference Annex B (Intelligence) (to be published)

- (1) Any persons infected with Pandemic Influenza who may be intentionally attempting to spread the virus. There is potential for “sleeper cell” agents or suicide terrorists within the United States who may intentionally become infected with the virus and spread the pandemic influenza in the vicinity of targeted victims. The targeted victims could include the following: federal, state and local government officials, corporate executives, medical personnel, key individuals in industry and particularly those involved in supporting critical infrastructure operations (nuclear power plant operators), uniformed military personnel, law enforcement and corrections personnel.
- (2) There is potential for civil unrest during a pandemic from persons desperate to receive medical treatment or immunizations for themselves or their loved ones.
- (3) There is potential for criminal conduct from those persons desiring to capitalize upon the chaos which could be generated from a pandemic. This criminal conduct may be increased if large numbers of law enforcement personnel become incapacitated from the virus.

e. Facts and Assumptions:

Facts

- (1) (F) The last three major pandemics, in 1918, 1957 and 1968, killed approximately 40 million, 2 million and 1 million people worldwide, respectively. The Swine Influenza was last seen in 1976.
- (2) (F) Oseltamivir (Tamiflu®, Roche) kills H5N1 and H1N1 virus in laboratory tests. Tests in mice reveal that Tamiflu® reduces the risk of infection by 60% to 80%. However, the Tamiflu manufacturing process takes one year. Tamiflu was added to the Strategic National Stockpile (SNS) in 2003. DoD purchased 20 million capsules of Tamiflu in September 2005 as a strategic reserve to protect U.S. Forces, as well as military beneficiaries living outside the continental United States. This supply is sufficient to treat 17,000 people sick with avian influenza, to prevent infection for 350,000 other people, and to provide a contingency stockpile. Zanamavir (Relenza) has also been shown to be effective in combating both H1N1 and H5N1.
- (3) (F) In April 2005 President Bush issued Executive Order 13375 which approved use of quarantine in the event of an “influenza that has the potential to cause a pandemic.”
- (4) (F) Mississippi Department of Health is the lead agency for directing pandemic influenza response operations.
- (5) (F) CDR USNORTHCOM will appoint a JTF Cdr to assume OPCON or TACON of all DOD forces providing support to the Primary Agency (PA).
- (6) (F) Totally containing the spread of Pandemic Influenza is not feasible.

Assumptions

- (1) (A) A pandemic influenza will overwhelm the capabilities of Local, State, and Federal emergency response.
- (2) (A) During a pandemic, USNORTHCOM will likely execute CONPLAN 3591-06, a six phased plan that addresses the T10 response to a pandemic within the NORTHCOM AOR. Five regional Joint Task Forces (RJTFs) will be available to respond to DSCA requests. The plan notes that the JFHQ-States will not be available for federalization, as they are expected to assist within their own state response effort. The plan contains “tasks” assigned to both the NGB and the states for execution purposes.
- (3) (A) A vaccine will not be widely available for 3-6 months after a Pandemic Influenza . It will take 12-18 months to produce enough vaccine to meet demand.
- (4) (A) Local and State Health systems will be overwhelmed and National Guard will be requested to provide medical facilities and personnel.
- (5) (A) On-going military operations in support of the Global War on Terrorism (GWOT) will continue. OCONUS operational commitments will continue at current levels through the next several years.
- (6) (A) MSNG members who are professional healthcare providers will be unavailable for mobilization. This group includes doctors, physician assistants, nurses, paramedics, emergency medical service (EMS) personnel, nursing home workers, nursing assistants, hospital administrators, and commercial ambulance employees, as well as those individuals working in the area of mortuary affairs.
- (7) (A) Other Guardsmen holding critical civilian positions will not be available for mobilization. This category could include first responders (police, fire), individuals holding political office, and those holding critical skill sets within the civilian workforce. Soldiers excused from mobilization will be validated and approved on a case by case basis by the Soldier’s chain of command.
- (8) (A) Report of a pandemic could create panic in the civilian population resulting in civil unrest.
- (9) (A) The Posse Comitatus Act remains in effect prohibiting Title 10 military personnel from performing law enforcement missions. Current intelligence oversight laws and regulations will remain in effect.
- (10) (A) A pandemic will cause critical shortages in both military and civilian emergency response staffing levels resulting in a reduced functional capability.
- (11) (A) A pandemic can last up to 36 months.
- (12) (A) Personnel who recover from the pandemic will be immune to repeat infection and will be able to safely work with those who are infected with PI.
- (13) (A) Local authorities will be overwhelmed and the MSNG may be requested to assist with quarantine, isolation, or cordon sanitary operations.

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h. Operational Constraints:

- (1) Limited availability of MSNG forces and other State's National Guard forces due to mobilizations in support of the Global War on Terrorism (GWOT).
- (2) A pandemic influenza in Mississippi will not differentiate between MSNG families and other civilians within the state. It should be expected that key leaders and their families will be affected. Junior personnel in units must be prepared to step forward and assume the duties of their superiors should the superiors or their family members become ill or die as a result of the pandemic.
- (3) Some geographical areas of the state, particularly urban areas, may be more severely affected by the spread of the disease.
- (4) Some MSNG personnel will be unavailable for state mobilization due the state's overall interest in allowing certain Guardsmen to remain working at critical positions within the civilian sector. This group includes those individuals serving in the medical services industry; important federal, state and local government positions; and those employed to support critical infrastructure within the state. Unit commanders and full-time staff must be aware of the individuals within their units falling into these three groups. While the first two groups may be easily identified, the third is less easily defined and may be upon the effect the pandemic has had on their particular industry. For example, employees of Federal Express may be needed at their civilian job in order to ensure delivery of the Strategic National Stockpile. Another example would be a railroad employee needing to be at his civilian job in order to ensure the delivery of chlorine to water treatment plants within the state. Other examples would be first responders and utility workers, to include electricity (especially nuclear power generation), water treatment, telecommunications, and waste disposal.

2. Mission: On order, the Mississippi National Guard will conduct designated operations in support of local, state, and federal agencies to minimize the impact of a potential pandemic within the State of Mississippi.

3. Execution:

a. Commander Intent:

- (1) Purpose: To conduct operations in support of Local, State, or Federal agencies to order to minimize the impact of a potential pandemic on the State.
- (2) Method: The MSNG will conduct pandemic support operations in accordance with the standard practices articulated within this OPLAN or its future updates.
- (3) Center of Gravity: In the context of a pandemic influenza, the Mississippi National Guard center of gravity is the support of public health efforts to mitigate the impact of a pandemic upon the state. Specifically, the MSNG must provide security and medical logistical support to public health efforts in order to limit the spread of the virus, reduce the number of deaths of those infected, and hasten the state's economic recovery from a pandemic.

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- (4) End State: The pandemic is over, or PI is no longer considered a threat within the State of Mississippi. The Governor directs the MSNG to return to normal operations. Upon mission completion, units will redeploy with no loss or damage of equipment and no serious injury to National Guard or civilian personnel.

b. Concept of Operations:

- (1) General: MSNG will conduct operations in support of Local, State, and Federal Agencies within the state during an influenza pandemic. MSNG will be in support of state and county civilian departments and agencies as coordinated with the Mississippi Emergency Management Agency (MEMA). Whereas the pandemic could feasibly last up to 36 months, unit rotations will be established based on availability and location of s in order to minimize the impact upon civilian employers and to provide a realistic operational tempo for extended operations.
- (2) Essential tasks that the MSNG will plan to support in response to requests from the State of Mississippi is articulated in Annex C (Operations) (to be published).
- (3) Phases of the Operation: MSNG will conduct varying levels of response over six phases: (Phase 0) Shaping, (Phase I) Staging, (Phase II) Deployment, (Phase III) Support of Civil Authorities, (Phase IV) Transition, and (Phase V) Re-Deployment.
 - (a) Phase 0: Shaping, Pre Pandemic: MS-JOC will maintain situational awareness in order to provide timely support in the event of a potential PI within Mississippi. MSNG support planning will continue by participating in inter-agency meetings coordinated with the Department of Public Safety, Mississippi State Department of Health or Mississippi Emergency Management Agency.
 - (b) Phase I, Staging: Preparation for Execution of Pandemic Influenza response and recovery operations: This phase begins when a pandemic influenza hits the State of Mississippi and civil authorities and military commanders agree that consequence management requirements will exceed the capabilities of local, state, and federal civil authorities. Based on the situation, civil authorities will request assistance from other States under EMAC or Federal Assistance if additional Federal resources are available. Key tasks will include coordination with the Mississippi Emergency Management Agency and other civil authorities to incorporate MSNG assets into current operations, maintaining accurate situational awareness of designated support missions as they develop, resource planning, and allocation of resources by region.
 - (c) Phase II: Development, Conduct Pandemic Influenza response and recovery operations: MS-JOC will actively monitor established Emergency Operations Cells for developing needs based on location and severity of an . Liaison will be established with the MEMA emergency operations center in order to validate and assist in the resourcing of military assistance requests.
 - (d) Phase III: Support of Civil Authorities, MS-JOC will maintain liaison with the State EOC and track all military support tasking. In this phase subordinate units may be tasks with PI support tasks.
 - (e) Phase IV: Transition back to Civil Authorities: This phase begins when the Governor, TAG or JTF Cdr determine that external military resources are no longer primarily required and the MSNG forces can begin preparation for transition and re-

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deployment. Military unit functions will be transitioned to civilian authorities as directed by the MS-JOC. Key Tasks will include: Maintaining C4I and Detailed Planning with the Incident Commander for the duration of the handover of operations to the civilian authorities.

- (f) Phase V: Redeployment of MSNG Units: This phase begins when the Governor, TAG or JTF Cdr determines that MSNG support for PI operations is no longer required and required operations have been transitioned to civil authorities or no longer required. MSNG units supporting the operation will begin redeployment back to their respective home station armories and ends when all Soldiers/Airmen have either arrived at their home of record or reported to another MSNG Unit for follow on assignments. Key Tasks will include: Safety Briefings, Issuing Movement Orders, Pre Combat Checks, Convoy Movement, Equipment Accountability, Personnel Accountability, and Maintaining C4I of units and resources during movement

b. Tasks to Subordinate Elements:

(1) JFHQ-MS Joint Staff:

- (a) Provide Officers and PERSONNEL to form the Joint Task Force Staff (IAW JFHQ-M JTF SOP) while simultaneously maintaining the JFHQ-MS Joint Operations Center (MS-JOC).

- (b) Provide Officers and PERSONNEL to augment the JTF as needed.

(2) JTF Commander: Appointed by the TAG:

- (a) Establish and maintain support to MEMA in response to an influenza pandemic for a period of up to 36 months

- (b) Assume OPCON or TACON of all assigned military forces.

(3) Designated Support Unit:

- (a) BPT support PI response and relief operations by providing soldiers or equipment to:
 - 1. Security of Medical POD's (Point of Dispensing)
 - 2. Security of Medical Supply Transportation
 - 3. Security Assistance of Civil Disturbances
 - 4. Security Assistance for Quarantine or Isolation
 - 5. Patient Transportation
 - 6. Medical Supply Transportation
 - 7. Aviation Support for Transportation of Resupply or Distribution
 - 8. Public Affairs
 - 9. Knock Missions / Public Protection Information and Guidance
 - 10. Provide Force Protection Measures
 - 11. Traffic Control at POD locations
 - 12. Provide Liaison with Civil Authorities

(4) Major Subordinate Commands (MSC):

- (a) BPT conduct command and control of units supporting state PI support missions.
- (b) Provide personnel and equipment to augment PI ongoing operations
- (c) Assist in the integration of additional assets as needed

(5) Unit Commanders:

- (a) Unit Commanders will encourage all MSNG personnel to receive an annual influenza vaccination. While this vaccination will not prevent contracting a pandemic influenza, there is some speculation that an annual vaccination could possibly reduce the detrimental effects of the PI on an individual.
- (b) Upon receipt of this OPLAN, Unit Commanders will identify those individuals within their unit who have civilian positions which could impact their mobilization for state support operations. In order to accomplish this, all units will verify the current employment status of assigned personnel and identify those whom it may be in the state's best interest that they not be mobilized during an influenza pandemic. This will include the following, as a minimum: medical workers (doctors, physician assistants, nurses, paramedics, Emergency medical service (EMS) personnel, nursing home workers, nursing assistants, hospital administrators, and commercial ambulance employees, as well as those individuals working in the area of mortuary affairs), law enforcement personnel; corrections personnel; firemen; and critical federal, state and local government employees.
- (c) Upon receipt of this OPLAN, Unit Commanders will survey and identify those individuals within their unit who have civilian positions which could impact their mobilization for state support operations if their particular industry is severely affected by a pandemic. An example of individuals falling into this category includes utility workers (electricity, water, sewer, waste disposal, telecommunications), the transportation and package delivery industries, and those persons supporting critical infrastructure within the state. It is recognized that this category of Guardsmen may be initially mobilized for state duty, but may be released by their unit commanders if it can be shown that their release is resulting in critical services not being performed for the public.
- (d) Upon receipt of this OPLAN, Unit Commanders will identify those individuals within their unit who have medical skills and/or certifications, but may not be currently working in the medical services industry. This would include those individuals identified in paragraph (b) above, as well as certified combat lifesavers.
- (e) Unit Commanders will carefully monitor their personnel for any signs of influenza. MSNG personnel indicating that they already have the influenza upon being notified for state mobilization will be directed to not report for duty until a medical professional confirms that they are no longer contagious. Individuals already on orders and suspected of having pandemic influenza will be directed to an appropriate medical facility and be isolated from the remainder of the unit.
- (f) Unit Commanders will implement Force Protection Measures to include Hygiene, Personnel Protection (gloves, proper hand washing, surgical masks) during operations, social distancing or isolation depending on the mission or risk of exposure and spread. Force Protection Measures are outlined in Paragraph 6 of this

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OPLAN.

- (g) Upon falling below 70 percent authorized strength, the Unit Commander will notify his next higher HQ. A second notification will be made if a unit falls below 50 percent authorized strength and a third notification will be made if a unit falls below 30 percent authorized strength.

g. Coordinating Instructions:

- (1) Reports: Reference Annex R (to be published).
- (2) Uniform, to include personal protective equipment (PPE), for MSNG personnel will be established by the Commander or the senior military officer assigned. It is of utmost importance that all MSNG personnel implement all necessary and directed force health protection measures, to include proper wear of PPE.
- (3) Rules of Engagement/Use of Force (ROE/RUF) for MSNG Personnel performing security duties: In accordance with (IAW) Annex D of this OPLAN (to be published). Civilian Law Enforcement personnel will operate within their Agencies established ROE/RUF.
- (4) Decision Support Template: Reference Appendix 2 (DST) to Annex C(to be published).
- (5) Commanders Critical Information Requirements (CCIR) include Priority Intelligence Requirements (PIR), Essential Elements of Friendly Information (EEFI) and Friendly Forces Information Requirements (FFIR): Reference Annex G of this OPLAN(to be published).

4. Administration and Logistics:

a. Concept of Support:

- (1) General: Response to a pandemic influenza within the State of Mississippi will involve a joint effort between the MSNG, federal (including active duty DoD), state, and local departments and Agencies. Some support may be in the form of civilian contracts however, the MSNG will BPT provide all logistical support to the MSNG units and personnel involved in the pandemic response and recovery.

b. Logistics

- (1) Units will utilize normal supply procedures.
- (2) Funding and Reimbursement: All cost associated with the use of MSNG personnel and equipment will be submitted to MEMA for reimbursement.

c. Personnel:

- (1) Personnel Services Support: Personnel Service Support will be provided State J1.

d. Transportation: Units will utilize organic transportation assets. Requests for transportation assistance will be forwarded to the JFHQ-MS J4 or JTF Commander for transportation requirements beyond unit capabilities.

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- e. Maintenance Support: Class IX Repair Parts will be requisitioned through maintenance channels. Units deploying in support of pandemic response and recovery operations will utilize their organic Maintenance assets.
- f. Medical Support: Guidance for using MSNG Medics and facilities to provide medical support to civilians is provided will be published if requirements develop. Medical Emergencies and Non Emergency Illnesses will use local civilian 911 EMS, Hospital Emergency Rooms and Urgent Care Clinics.
- g. Chaplain Support: Chaplain support will be very important to MSNG personnel during an influenza pandemic due to the large numbers of ill and dead. If a military Chaplain is not available, religious support may be requested thru the JFHQ-MS JOC or the Civilian Incident Commander.
- h. Staff Judge Advocate. The JTF Commander will have UCMJ and M-UCMJ Authority of all MSNG and OPCON/TACON Units. The JFHQ-M SJA will provide a JAG Team to provide legal advice and support to the JTF Commander.
- i. Public Affairs: Public affairs will be exceptionally important during an influenza pandemic. The JFHQ-MS Public Affairs Officer will be proactive in presenting the MSNG PI message to the public. The PAO will operate from a Joint Information Center in coordination with DCC&PS and the Federal PA. The accurate and controlled release of information to the media and public will be critical to protecting essential elements of friendly information and insuring the public that all efforts are being implemented for recovery and relief from the pandemic.
- j. Mental Health Support: JFH-MS-J1 will coordinate for mental health support for deployed soldiers throughout the PI Operations.

5. Command and Control:

a. Command:

- (1) Command Relationships: The MSNG will use the DSCA Command/Control Structure and Task Organization specified within this OPLAN unless updated versions of this OPLAN is released. Reference Annex J, Command Relationships, depicts the command relationships when a dual status Title 10/32 Command is not operational.
- (a) The Adjutant General (TAG) will retain Command of all MSNG units and OPCON or TACON of all other State's National Guard Units deployed to Mississippi under EMAC.
- (b) Joint Task Force (JTF) Commander: If a JTF Commander is appointed he/she will have OPCON of all National Guard Military units operating in the Joint Area of Operation (JOA). If the JTF Commander is appointed as Dual Status (Title 10/32), he/she will assume OPCON or TACON of all DoD Military Forces operating in the JOA.
- (c) National Incident Management System (NIMS): If Civilian Relief Workers and Agencies are operating from the Staging Area(s) it will be considered a Unified Staging Area and a Unified Command. Director, MEMA will appoint an Incident Commander (IC) who will serve as the Unified Commander with the Military Commander. The Incident Commander will retain control of all civilian relief workers, agencies and equipment.

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(2) Command Relationships: Reference Appendix 1 (Dual Status Command) to Annex J (to be published), Command Relationship Wire Diagram depicts an example of the command relationships when a dual status Title 10/32 Command is operational within Mississippi.

(3) Command Post:

b. Command, Control, Communications and Computer Support (C4):

(1) Concept of C4 Support: The JFHQ-M J6, will establish communications and computer systems to establish and maintain voice and data communications between National Guard Command Posts and Civilian Incident Command Post (ICP), JFHQ-M JOC, the JTF Cdr and supporting MSNG Task Forces. Voice and data communications will operate in the non secure (NS) mode unless otherwise specified by the TAG and JTF Commander.

(2) Primary means of communications:

(a) External Voice (NS): Commercial Telephone, Cell Phone, Satellite Cell Phone.

(b) External Data (S): RCAS, AKO, FAX

(c) Internal Voice (NS): Hand Held Radios, Military SINCGARS (NS)

(3) Communications Procedures: Military Personnel will use appropriate calls signs when operating on military SINCGARS or military/civilian hand held radios.

(4) Communications Diagram: Reference Annex H(to be published)

6. Force Protection:

a. General: Mississippi National Guardsmen will be highly visible and potentially vulnerable targets for domestic and international terrorist and anarchist groups seeking to disrupt recovery and relief operations. The early identification of vulnerabilities and implementing corresponding reduction measures will enhance security and insure the protection of relief workers and supplies and the uninterrupted flow of relief to the affected areas(s).

b. Safety: A Risk Assessment is listed at Appendix 1 to Annex S (SAFETY). Risk Assessments and corresponding Risk Reduction Measures will also be closely coordinated with the senior Medical Officer on site to insure proper sanitation and hygiene measures are implemented. Safety Briefings will be conducted by the senior person present or his designee prior to all convoy movement and prior to beginning all assigned missions.

c. Force Health Protection (FHP):

(1) All MSNG personnel who have not been sick from the pandemic influenza virus will be immunized once an approved vaccination is available

(2) Implement health care, preventative measures and education.

(3) As necessary, implement isolation / quarantine of deploying/ redeploying forces in support of DoD mobilizations.

(4) MSNG units alerted for mobilization and overseas deployment will not be utilized for PI response and recovery operations

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- (5) Protect families, military beneficiaries.
- (6) Access to critical MSNG facilities will be controlled and personnel suspected of being infected with the PI virus will not be allowed access.
- (7) MSNG uniformed service members, military technicians, federal civilian government employees, state employees, and contractors will be uniformly protected from transmission of the PI virus within their workspace without respect to their employment status.
- (8) To the extent possible, MSNG employees will be provided the opportunity to work from home, or in alternate locations during peak s of the PI in order to lessen the chance of contracting the virus.
- (9) MSNG personnel suspected of being infected with the PI virus, and thought to be contagious, will not be permitted to work around other MSNG personnel who have not been infected with the PI virus.
- (10) Updated Health related Force Protection Measures and Travel Advisories can be reviewed on <http://www.cdc.gov>

d. Operations Security (OPSEC): The Joint Task Force Commander or other senior MSNG official responsible for pandemic influenza response and recovery operations, in coordination with the Incident Commander, will determine Essential Elements of Friendly Information (EEFI) and develop OPSEC Measures to protect this information from disclosure. Initial EEFI is listed in Appendix G (CCIR) (to be published)

ACKNOWLEDGE:

WILLIAM L. FREEMAN, JR
Major General
Adjutant General

OFFICIAL:
David O. Smith
COL, J3

ANNEXES:

A. TASK ORGANIZATION

Appendix 1 – Time-Phased Force Deployment List
Appendix 2 – Omitted
Appendix 3 – Force Module Identification
Appendix 4 – Omitted

B. INTELLIGENCE

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Appendix 1 – Priority Intelligence Requirements (PIR)

Tab A – CCIR

Tab B – EEFI

Appendix 2 through 10 – Omitted

Appendix 11 – Projected Effects of a Pandemic on Mississippi

Appendix 12 – Red Cell Report on Weaponizing Avian Influenza

C. OPERATIONS

Appendix 1 and 2 – Omitted

Appendix 3 – Information Operations

Tab A and B – Omitted

Tab C – Operations Security

Tab D through G – Omitted

Appendix 4 and 5 -- Omitted

Appendix 6 – Rules for the Use of Force

Appendix 7 through 14 – Omitted

Appendix 15 – Force Protection

Tab B – Physical Security

Tab D – Safety and Risk Assessment

Appendix 16 – Critical Infrastructure Protection

Appendix 17 – Draft Memorandum of Understanding for Dual Status C2

Appendix 18 – Decision Support Template (DST)

Appendix 19 – World Health Organization Pandemic Influenza Phases

D. LOGISTICS

Appendix 1 and 2 – Omitted

Appendix 3 – Mortuary Affairs

Appendix 4 – Omitted

Appendix 5 – Mobility and Transportation

Tab A – Omitted

Tab B – Reception, Staging, Onward Movement, and Integration (RSOI)

Appendix 6 through 8 – Omitted

Appendix 9 - Support Planning Matrix

E. PERSONNEL Due Out J1

Appendix 1 through 5 – Omitted

Appendix 6 – Chaplain Activities

Appendix 7 – Classification and Reporting of Non-Deployable Personnel

F. PUBLIC AFFAIRS Due Out PAO

Appendix 1 and 2 – Omitted

Appendix 3 – General Ground Rules for the Media

Appendix 4 – Omitted

Appendix 5 – Leaders Training

Appendix 6 – Soldier Training

G. Civil Affairs – Omitted

H. Meteorological and Oceanographic Operations – Omitted

J. COMMAND RELATIONSHIPS

Appendix 1 – Command Relationships Diagram

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Appendix 2 – Command Relationships Diagram (Dual Status C2)

K. COMMUNICATIONS / C4I

Appendix 1 through 3 – Omitted

Appendix 4 – Defense Courier Service

Appendix 5 through 7 – Omitted

Annexes L through P -- Omitted

Q. MEDICAL SERVICES

R. REPORTS

Annexes S through U – Omitted

V. INTERAGENCY COORDINATION

Appendix 1 – Humanitarian

Appendix 2 – Economic

Appendix 3 – Political

X. Execution Checklist -- Omitted

Z. Distribution

Attachment II.F.a: Essential Transportation Functions

The success of this Annex requires the coordination, pooling and networking of both **available** and **obtainable** transportation resources provided by state and federal agencies, local government entities, voluntary organizations or other providers.

The term “**available**” refers to existing resources within the inventory or control of participating State agencies and other departments that can be used for the event.

The term “**obtainable**” means other necessary resources that have to be acquired through contract, lease, purchase, and mutual aid agreements or otherwise from outside the inventory or control of participating agencies. These resources may be in such forms as facilities, personnel, equipment, materials, supplies, consulting services, easements, rights-of-way, technical assistance or others.

Essential transportation functions are those functions that enable MDOT to provide vital services, exercise civil authority, maintain the safety and well being of the traveling populace and sustain the industrial/economical base in an emergency.

- A. The essential functions, in order of priority that must be continued under all circumstances, are as follows:
 - 1) Provide for the well-being and safety of MDOT staff.
 - 2) Maintain and preserve the State transportation system.
 - 3) Maintain the telecommunications service priority accounts.
 - 4) Protect MDOT assets.
- B. Key personnel necessary to perform the essential functions are as follows:
 - 1) Information Systems Operations Manager
 - 2) Financial Management Division Director
 - 3) Contract Administration Division Director
 - 4) Procurement Division Director
 - 5) Facility & Records Management Division Director
 - 6) Office of Enforcement Director
 - 7) District Engineers (Tupelo, Batesville, Yazoo City, Newton, Hattiesburg, McComb)
- C. Because records, systems and data management software and equipment, including classified or sensitive data, are necessary to perform essential functions and activities during, and to reconstitute normal operations after, implementation of this Annex, the following records (critical data and systems) are necessary to conduct the essential functions:
 - 1) Information Systems records
 - 2) FRM records
 - 3) Office of Enforcement records
 - 4) Contract Administration records
 - 5) Procurement records
 - 6) Financial Management System (FMS) records
 - 7) System Servers (As-Built Plans, Bridge, Blackberry Services, Exchange Email

Attachment II.F.b: Operating Sub-Objectives

The operating sub-objectives are based on three primary goals:

1. **Keep Goods and People Moving:** This includes prioritizing essential transportation and cargo services, minimizing virus spread through alerts, advisories or restrictions, cleaning or sanitizing cargo and facilities, temporary relief from regulatory requirements and any other related measures.
 - A. All agencies with ESF 1 responsibilities will ensure that they have Standard Operating Procedures (SOPs) in place to enable the performance of appropriate levels of mitigation, preparedness, response and recovery related to the event.
 - B. The context of this Annex in no way replaces the authority of the Governor to enter into compacts with other States under Mississippi State Law under the Emergency Management Assistance Compact (EMAC) 45-18-3. Additionally, Title 33-15-11 Emergency management Powers of the Governor, paragraph (b)(10) empowers the Governor to initiate Memoranda of Agreements or Emergency Compacts with neighboring jurisdictions, key suppliers, privately owned transportation resources or similar entities.
 - C. The Governor may enter into reciprocal aid agreements or compacts with other states and the federal government, or with a neighboring state or province of a foreign country. The statute limits mutual aid arrangements to essential supplies and services and provides for the reimbursement of costs and expenses. The Governor may sponsor and develop mutual aid plans between and among political subdivisions (Miss. Code Ann. § 33-15-11(b) (10-11)).
 - D. Local governing bodies are authorized to enter into mutual aid agreements within the State for reciprocal aid and assistance in case a disaster or emergency is too extensive to be managed without assistance. The Governor may enter into compacts with any State or group of States to meet common intergovernmental problems of emergency management, mitigation, response and recovery (Miss. Code Ann. § 33-15-19).
 - E. The statute permits municipalities to procure additional law enforcement officers through reciprocal assistance from other municipalities during a state of civil emergency of statewide concern (Miss. Code Ann. § 21-21-31). Any municipality, its mayor, chief administrative officer, or chief of police may make provision for its law enforcement officers to assist any other municipality during a state of civil emergency, natural disaster or manmade calamity, in order to protect the health, life and property of the municipality and its inhabitants (Miss. Code Ann. § 21-21-35).
 - F. Emergency Support Function 7: Logistic Management and Resource Support contained in Mississippi's Comprehensive Emergency Management Plan (CEMP) directs State officials to have frequent consultation with representatives from other states and federal governments.
 - G. The Governor is empowered to grant waivers under Article III of EMAC 45-18-3, which states, "Provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances that restrict the implementation of the above responsibilities."
 - H. The Freight, Rails, Ports & Waterway Division of MDOT has as its mission the task to create a comprehensive and coordinated State multimodal program that will facilitate the movement of freight between and among local, national and international markets. Refer

to Attachment II.F.c: Freight Document.

- I. Annex P of MDOT'S Comprehensive Emergency Transportation Response Plan, (CETRP) contains the State's Emergency Assistance Directory and contact information with local, adjoining state, regional and federal jurisdictions.

- J. Refer to CEMP ESF 1 for a complete list of Policies, Actions and Responsibilities.

2. Protect Transportation Workers. This includes ensuring safety of front line workers in communication, education, mitigation and training in order to stop or slow the spread of the PI virus.

- A. State employees who are infected with the PI virus should stay home and, if possible, telework during the contagious period. Those individuals who are caring for sick family members should also stay home.
- B. The following special precautions or preventive measures should be adhered to:
 - 1) Ensure that MDOT employees and/or contractors are trained in current cleaning and/or sanitizing requirements and safety related procedures for handling/storing of cleaning agents. They will be provided personal protective equipment (PPE) as recommended by the MSDH when cleaning and/or sanitizing contaminated equipment or facilities.
 - 2) Make available instructions, provided by MSDH, for workers to identify individuals and locations that exhibit influenza symptoms/conditions prior to and during an .
 - 3) Ensure employees who must work/travel into areas that experience severe s or work near/with very high exposure risk occupations are provided with special guidance by the MSDH to prevent exposure or contamination.
 - 4) Practice social distancing by avoiding close contact with infected personnel; communicate by phone, email or other means.
 - 5) Do not report to work if sick.
 - 6) Stagger breaks at work to limit exposure to others.
 - 7) Wash hands frequently with hot water and soap.
 - 8) Use alcohol based sanitizer gels and wipes or other disinfectant agents.
 - 9) Practice cough/sneeze etiquette.
 - 10) Keep hands and fingers away from eyes, nose and mouth.
 - 11) Clean and disinfect common hard surfaces (countertops, desktops, file cabinets) with bleach, ammonia or alcohol.
 - 12) Sanitize all shared objects, pens, clipboards, office machines, door and cabinet handles.
 - 13) Recommended procedures for cleaning and disinfecting commercial vehicles can be found at HHS website on Interim Guidance for Cargo Trucking Crews for the Prevention of Pandemic Influenza:
http://www.flu.gov/professional/transport/cargo_trucking.html#prac.
 - 14) Wear respirator mask (preferably with eye shield) when riding with others in vehicle or when in close quarters with others.
 - 15) Receive inoculation of annual flu vaccine and the specific pandemic influenza vaccine when it is available.
- C. All personnel who must travel to areas that have experienced severe s of the disease should:
 - 1) Have attended awareness training provided by MSDH that discusses prevention of exposure or contamination.

- 2) Have been provided special instructions or additional guidance provided by the MSDH.
 - 3) Utilize required PPE as instructed.
- 3. Protect the Public While Using Transportations System.** This includes plans to provide public awareness, education and guidance on how to safely utilize the transportation system during a pandemic and how to limit the spread of the virus.
- A. The Joint Information Center (JIC) will issue statements (via: TV, radio, newspapers, email, etc., as required) to State employees and the general public that:
 - 1) Discourages or limits non-essential travel to affected areas during and identified by the MSDH or the MEMA.
 - 2) Promotes the safe use of public transportation, to include the use of passenger provided Personal Protective Equipment (PPE) and personal hygiene, as recommended by the MSDH during a pandemic.
 - 3) Updates restricted travel, pandemic alert levels and areas of contamination provided by the MSDH or MEMA.
 - B. The MSDH will:
 - 1) Disseminate educational materials, locations or websites to mass transit, bus/trolley and rail providers, for distribution to passengers on how to avoid spreading the flu virus, when utilizing public transportation.
 - 2) Provide public health educational materials developed by agencies such as the Federal Aviation Administration, U.S. Centers for Disease Control and Prevention and the MSDH describing how to control or reduce the spread of the flu virus to Mississippi's air carrier airports for distribution to passengers that utilize their facilities.

Attachment II.F.c: Freight Document

The Freight, Rail, Ports and Waterways Division, will coordinate and act as one component, the following are their areas of responsibility:

A. Freight

(<http://gomdot.com/Divisions/IntermodalPlanning/FreightsPortsRailsWaterways/FreightDetails>)

The freight and goods movement-planning portion of MDOT is responsible for the process of identifying, evaluating and selecting needed projects and actions that will improve the movement of goods and connectivity of other modes. MDOT will develop and maintain a freight and goods movement program.

B. Rail

(<http://gomdot.com/Divisions/IntermodalPlanning/FreightsPortsRailsWaterways/RailDetails>)

The rail portion will focus on the development and safety of the State's rail transportation system for freight and passenger service. The rail portion will preserve the State's rail system and provide for continued operation and service during a pandemic. Statewide, there are currently five Class I railroads and twenty-six Class III short line railroads.

C. Ports & Waterways

(<http://gomdot.com/Divisions/IntermodalPlanning/FreightsPortsRailsWaterways/PortsWaterwaysDetails>)

The division's responsibility in the area of ports and waterways includes planning, promotion, serving as an advocate of ports, collecting data and providing technical assistance. The department also provides direction and assistance to the Corps of Engineers maintenance of the federal projects and the entire Mississippi Intracoastal waterway.

Currently, there are 16 public ports in Mississippi: the State controls 2 of the 16 ports, and the remaining 14 ports are locally owned and operated. The inland ports primarily handle general and bulk cargo, while the Gulf Coast ports handle containers and refrigerated products in addition to general and bulk cargo.

D. Public Transit

Through the MDOT Office of Intermodal Planning, MDOT is committed to promoting the quality of life benefits of local transportation services. MDOT does not have ownership but coordinates planning and collaborative allocation of local, state and federal resources necessary to develop, implement and sustain transportation programs and projects. The Public Transit Division is responsible for the development and administration of general public and specialized transportation program grants and contracts. These programs include service delivery, technical assistance and training components.

Attachment II.G.a: Monitoring Community Impact of Influenza-Related Illness

The Mississippi State Medical Asset / Resource Tracking Tool (SMARTT) - The State of Mississippi will implement State Medical Asset/Resource Tracking Tool (SMARTT) based on the North Carolina/South Carolina SMARTT. This tracking tool will be managed by the Mississippi Office of Emergency Preparedness and Response (OEPR). This tool queries healthcare entities for resource and capability information, providing information on bed capacity, pharmaceuticals, and personal protective equipment (PPE) available in the various healthcare settings across the state.

Interpandemic Phases 1 and 2 - During these phases, a heightened state of awareness will exist, and coordination will be accomplished with a number of entities to implement the SMARTT system for streamlined communication and resource tracking. These entities include Community Health Centers (CHCs), Emergency Medical Services (EMS), Rural Health Centers, University Health Centers, Psychiatric Hospitals, Long Term Care Facilities (LTCs), Assisted Living, Local Management Entities (LMEs), Local Health Departments (LHDs), School Health Centers, Home Care Agencies, and Home Health Agencies. OEPR will facilitate the development of plans addressing alternate means of transporting non-critically ill patients to medical facilities alleviating unnecessary surge in the EMS system. OEPR will facilitate the development of EMS System Continuity of Operations Plans and Surge Capacity Plans.

Pandemic Alert Phase 3 - Coordination will be accomplished with all relevant healthcare associations to disseminate current information and infection control guidelines for avian and pandemic influenza. The following partners will be notified of the pandemic alert via the SMARTT and/or association/organizational contacts: SHO, EMS medical directors, jurisdictional and commercial EMS operational programs, hospitals, CHCs, Rural Health Centers, University Health Centers, Psychiatric Hospitals, Long Term Care Facilities (LTCs), Assisted Living, Local Management Entities (LMEs), School Health Centers, Home Care Agencies, and Home Health Agencies. Regular coordination with the Mississippi Emergency Management Agency (MEMA) will be conducted to discuss and plan for preemptive logistical needs related to medical response statewide with emphasis on regional capabilities.

Pandemic Alert Phases 4 and 5 - The ESF-8 Operations Center may open in coordination with MEMA, and an Incident Action Plan (IAP) will be developed and disseminated through the SMARTT or associational/organizational contacts to all healthcare entities serviced by the system. EMS will be notified of hospital bed capacity in their area and asked to retrieve current staffing capability and quantity of Emergency Response Vehicles (ERVs). Hospitals will be notified of the following needs: increase reporting of available beds to every 12 hours if needed, ICU beds, ventilator beds, pediatric beds, isolation beds, and other specialty area beds. Hospitals and EMS Systems will be reminded to establish open communication with their local Emergency Management and Local Health Department. Ongoing communications will be maintained with other key state agencies. An assessment of nursing homes, assisted living, group homes, and mental retardation group homes will be started in coordination with appropriate state agencies. Hospital pharmacy contacts will be alerted of the pending threat, and pharmacists will be advised to begin coordinating with hospital incident command for detailed information and communication of needs. Notices will be

sent to hospitals to review plans for surge capacity, and requests will be made to establish plans for lines of communication between hospital Incident Command (IC) and appropriate public health jurisdictions.

Pandemic Phase 6 (without cases occurring in the United States) - Key partners will be notified of current threat and recommendation will be made to activate their facility's pandemic influenza response plan. Notification will also include recommendations for the enhancement of security at facilities. Communications between home health, home care, and hospice providers and their local hospital command center will be initiated, and SMARTT will retrieve bed reports every 12 hours. Situation reports and updates will be prepared by state-level ESF-8 on a 12-hour basis, and hospitals may activate their Hospital Incident Command System (HICS).

Pandemic Phase 6 (with cases occurring in the United States) - State ESF-8 Incident Command will monitor status of emergency facilities, hospital beds, other treatment sites, and medical equipment, coordinate the statewide system of emergency medical services, public safety (EMS operational program), and commercial ambulance services, and apprise planners of critical gaps in ability to provide emergency medical services. The state Emergency Operations Center (EOC) will most likely be activated when there are cases occurring in Mississippi. Once the State EOC is activated, the ESF-8 Incident Command will prepare IAP and situation reports for key decision-makers. Updated IAPs will be disseminated through the SMARTT to all served healthcare entities, and the SMARTT will retrieve bed reports every 8 hours as determined by ESF-8 lead. Assessment and reporting of influenza patients will be conducted by healthcare entities throughout the state. Any hospitals choosing to open Alternate Care Facilities for influenza assessment and treatment will be advised to coordinate this through their local health department and local emergency management. Hospitals opening Alternate Care Facilities will be noted using the Multi Hazard Threat database. Transportation routes to these sites will be shared with multi-jurisdictional EMS and trauma systems to ensure patient transport to the correct sites for care. Need for ACF for surge capacity and cohorting of patients with influenza symptoms will be monitored regionally and reported to the appropriate local public health jurisdiction. All healthcare facilities will be asked to activate their continuity of operations plans.

Analysis and Reporting of Pandemic Influenza Data to the CDC – The Mississippi SMARTT will track daily numbers and rates of newly hospitalized patients, which hospitals are seeing pandemic influenza patients, and numbers of hospital-associated deaths. Deaths occurring outside of the hospital and in other facilities will be reported to MSDH via Local Mortuary Services and Coroners' reports in accordance with the Mississippi List of Reportable Diseases and Conditions. MSDH is currently pursuing the development of a statewide electronic death reporting system. Epidemiologic and laboratory surveillance activities are described elsewhere in Section V-C. All outpatient, inpatient, laboratory, and mortality data will be collated on a daily basis by MSDH and reported to the CDC using established electronic reporting mechanisms.

Attachment II.J.a: Steps for School Closure and Re-Opening

The closure of schools will generally be a collaborative process between the county health department and the individual educational institutions impacted. While specific communications mechanisms may vary among individual schools, the following steps provide a broad framework to guide the process for closing and re-opening schools during an influenza pandemic:

1. A cluster of suspected pandemic influenza is identified at a school and is reported to the health department.
2. The county health department notifies the affected school and initiates an investigation into the.
3. The county health department establishes contact and notifies the State Department of Health according to established protocols
4. The affected school contacts the local superintendant, school board or other person/entity with the authority to close the school.
5. The county health department and the school determine the need and impact of closing the school.
6. If it is determined that the school will be closed, the school contacts the parents of students through their normal communications systems (used for weather emergencies, etc).
7. If the school is anticipated to be closed for a period where the school deems it necessary to institute continuity of education plans, the school convenes the faculty to assign curriculum remotely. The methods of communication used for communicating the school closure will be the primary method for assigning curriculum unless determined otherwise.
8. The county department of health and the local school remain in regular communication to determine when it is appropriate to re-open the school. The State Department of Health and Department of Education (if a MS public school) are also part of ongoing communication and provide technical assistance as needed.
9. The school determines when to re-open based on input from the county health department.
10. The school communicates the re-opening of the school through the same method that was used to communicate its closure.
11. If continuity of education plans were utilized, the work performed is evaluated and education processes will resume normal operations.

12. The school works with the applicable state agency/organization (e.g. Department of Health for public K-12 schools) to determine the steps needed to ensure completion of the academic year and the maintenance of federal funding.
13. The school and the county department of health continue to monitor for influenza in the student population as needed.

Attachment II.M.a: Expanding Healthcare Services to Alternate Care Sites

As lead agency for ESF8, the Mississippi State Department of Health (MSDH) has chosen Mississippi Community Colleges (MCC) as sites for Regional Special Medical Needs Shelters and as alternate care sites for pandemic influenza. MCCs are chosen because of services already in place including: security, food service, separate water systems, allied health or nursing programs and the fact that the community college locations are well known.

Community college presidents are contacted to gauge interest in the shelter/alternate care site project and at that time a meeting is scheduled with the college staff and MSDH personnel to explain the project and tour the designated facility site. Requirements for a facility to be used for this purpose include a generator capable of providing power for patients and staff, an adequate kitchen area or plan for providing food for residents, handicap capabilities, handicap restroom facilities and a climate controlled environment. After the facility inspection is complete, MSDH enters into a contract with the MCC to assist monetarily in bringing the facility up to standard. A Memorandum of Agreement (MOA) is also signed by both parties for the activation and operation of the shelter/care site.

Operation of the shelter/care site is the responsibility of the MSDH. There are two (2) teams designated in each of the nine Public Health Districts. Each team is comprised of two facility managers, two nurse managers, eight nursing staff, two logistics staff, four clerical staff, a social worker, an environmentalist and a mental health worker from the Department of Mental Health. The MCC provides support staff, if available, for the operation and security of the site. All necessary supplies for the operation of the site, such as cots, medical supplies, office supplies, forms, and other necessary items are stored at the MCC for convenience and to decrease the set-up time for opening. Pharmaceuticals to support alternate care sites will be obtained through state caches and federal assets received by the Division of the Strategic National Stockpile for pandemic influenza.

The MSDH has an MOA with seven (7) community colleges and is in the process of obtaining an MOA with Hudspeth Regional Center. These eight (8) facilities will have a total capacity of approximately 1100 patients.

The MSDH plans to continue this initiative to include MCCs in the central and northern areas of the state in order to provide care for all disasters, natural and man-made.

ATTACHMENT II.O.a: Steering Committee and Workgroup Membership Lists / Draft PI Stakeholder List

Agency	Point of Contact	Phone	E-mail
American Medical Response			
MS Animal Board of Health			
MS Association of Independent Schools			
MS Department of Education			
MS Band of Choctaw Indians			
MS Board of Nursing			
MS Board of Pharmacy			
MS Board of Trustees of State Institution of Higher Learning			
MS Chapter of National Emergency Number Association			
MS Commission for Volunteer Services			
MS Department of Agriculture and Commerce			
MS Department of Archives and History			
MS Department of Banking & Consumer Finance			
MS Department of Corrections			
MS Department of Employment Security			
MS Department of Environmental Quality			
MS Department of Finance and Administration			
MS Department of Human Services			
MS Department of Insurance			
MS Department of Marine Resources			
MS Department of Mental Health			
MS Department of Rehabilitation Services			
MS Department of Transportation			
MS Department of Information Technology Systems			

Agency	Point of Contact	Phone	E-mail
MS Development Authority			
MS Division of Medicaid			
MS Economic Council			
MS Emergency Management Agency			
MS Gaming Commission			
MS Hospital Association			
MS Manufacturers Association			
MS Manufacturers Association			
MS State Medical Association			
MS National Guard			
MS Office of Homeland Security			
MS Office of State Auditor			
MS Office of the Attorney General			
MS Port Authority			
MS Public Broadcasting			
MS Public Service Commission			
MS State Board for Community and Junior Colleges			
MS State Board of Medical Licensure			
MS State Department of Health			
MS State Forestry Commission			
MS State Personnel Board			
MS Dept. of Revenue			
MS Trucking Association			
MS Wireless Communication Commission			
MS. Department of Public Safety			
Office of the Mississippi State Treasurer			
Public Employees Retirement System of MS			
University of Mississippi Medical Center			

ATTACHMENT II.Q.a: Communication Protocol

The U.S. Department of State (DOS) is charged with the responsibility to communicate with Foreign Missions, International Organizations and their members. While Mississippi does not have an official role in these communications, the DOS has the expectation that personnel of diplomatic missions will follow the direction given by the state and local officials. Therefore employees of diplomatic missions are expected to cooperate with the state and local officials as they carry out their duties in the event of a pandemic influenza situation. It is incumbent upon state officials to understand the relationship, responsibility and methods of communication with members of Foreign Missions and International Organizations who have a presence in the state.

The DOS, with advice from Health and Human Services (HHS) and other relevant agencies, has the lead for communications with foreign governments, Foreign Missions in the United States and U.S. citizens abroad.

HHS will use its existing networks with state, local and tribal leaders to convey any guidance prepared by the DOS. The HHS Office of Intergovernmental Affairs will send such guidance to Governors' health policy advisors and other key state, local and tribal officials, as well as national organizations representing governors, state legislators and state and local health officials, and tribal leaders. These organizations include the National Governors Association, Association of State and Territorial Health Officials, National Association of Counties, National Association of County and City Health Officials, U.S. Conference of Mayors, National Congress of American Indians, and National Indian Health Board. In addition, the HHS Regional Directors will conduct outreach to appropriate state, local and tribal officials, as needed.

DOS guidance that HHS will share with such authorities might include a copy of the Circular Note, as well as any relevant considerations in the context of implementing measures that address the pandemic influenza that would arise in the context of the privileges and immunities enjoyed by some members of that community. For example, if relevant, DOS may want to remind such authorities that while certain Foreign Mission personnel have personal inviolability and cannot be arrested or detained, they do have a duty to "respect" local law. In addition, it may be relevant, for example, that diplomatic mission premises cannot be entered without the consent of the Chief of Mission.

Upon the World Health Organization announcement that there is evidence of significant human-to-human transmission such that the world has entered "Phase 4" of the global influenza preparedness plan, DOS and HHS will implement the following plan:

- Formal Communication of Phase 4 will be disseminated to the Foreign Government Mission Community.
- The DOS will issue a Circular Diplomatic Note to the Chiefs of all Foreign Missions and International Organizations informing them of the measures that the United States is taking to address the pandemic influenza, the legal and practical concerns of that community, and provide information on how to transmit questions or concerns to the DOS pertaining to the pandemic influenza.
- The Circular Diplomatic Note will also set forth the expectations of Foreign Mission personnel. For example, if, as part of a targeted layered containment the public is

requested to stay at home, not attend schools, minimize shopping and other social interaction, the same request is likely to be made of the foreign mission community.

- The Circular Diplomatic Note will be posted on the pandemic influenza section of the DOS Office of Foreign Mission's (OFM) website <http://www.State.gov/ofm>. It will also be disseminated to Foreign Missions and International Organizations via electronic mail, US mail and facsimile. OFM's six regional offices (Chicago, Houston, Los Angeles, Miami, New York and San Francisco) will ensure that the note is distributed to the consulates located in their respective regions.

Attachment II.Q.b: Official Accord

ACCORD BETWEEN THE EXECUTIVE BRANCHES OF THE MISSISSIPPI BAND OF CHOCTAW INDIANS AND THE STATE OF MISSISSIPPI



WHEREAS, the Mississippi Band of Choctaw Indians is a federally-recognized Indian tribe retaining its rights of sovereignty as recognized by treaty, federal and state law, and federal and state court decisions; and

WHEREAS, the territory of the Mississippi Band of Choctaw Indians is located in Mississippi, and citizens of the Mississippi Band of Choctaw Indians residing in Choctaw Indian Country located in Mississippi are also citizens of the State of Mississippi; and

WHEREAS, there exists an interdependent relationship between the government of the Mississippi Band of Choctaw Indians and the government of the State of Mississippi; and

WHEREAS, the executive branch of the Mississippi Band of Choctaw Indians and the executive branch of the government of the State of Mississippi, on a regular basis, work and cooperate with each other on numerous and varied governmental programs; and

WHEREAS, in working with each other, it is proper, necessary, and beneficial that the executive branches of the Mississippi Band of Choctaw Indians and the State of Mississippi act in a manner that will continue to build upon and improve the delivery of governmental services and in a manner that is cognizant of, respectful of and consistent with the sovereignty of the Mississippi Band of Choctaw Indians and the sovereignty of the State of Mississippi; be it therefore

RESOLVED AND AGREED that the executive branch of the Mississippi Band of Choctaw Indians and the executive branch of the State of Mississippi will, in the future, at all times, work with each other on a government-to-government basis, and in furtherance of this relationship, will develop memorandums of understanding between the executive departments of the Mississippi Band of Choctaw Indians and the executive departments of the State of Mississippi setting forth the procedures and guidelines to ensure that programs affecting both entities are effectively implemented while the sovereignty of both entities is properly respected; and be it


FURTHER RESOLVED AND AGREED that the parties hereto have entered into this Accord for the sole purpose of enhancing government-to-government cooperation between the executive branch of the Mississippi Band of Choctaw Indians and the executive branch of the State of Mississippi. This Accord does not, and shall not be construed to, change, enlarge, diminish, or waive the sovereignty or jurisdiction of either party, or the rights, privileges, or immunities of any person. In addition, this Accord does not, and shall not be construed to, create any right to administrative or judicial review, or any other right, benefit or responsibility, substantive or procedural, enforceable by any person against the executive branch of the Mississippi Band of Choctaw Indians, the executive branch of the State of Mississippi, their officers or employees, or any other person.



Executed on this the 24th day of November 1997.


PHILLIP MARTIN

Chief - Mississippi Band of Choctaw Indians


KIRK FORDICE
Governor - State of Mississippi



Attachment B: Steering Committee and Workgroup Membership

Steering Committee

Dr. Mary Currier, MD, MPH (**State Health Officer**)

Dr. Thomas Chester, MD, MPH (**Co-Chairperson**)
MS State Department of Health

Iris Griffin (**Co-Chairperson**)
MS State Personnel Board

Mike Womack
MS Emergency Management Agency

Jim Boxx
MS Department of Public Safety - Homeland Security

Gene Robertson
MS Department of Agriculture and Commerce

Bob Fagan
MS Office of the Attorney General

Scott Waller
MS Economic Council - The State Chamber of Commerce

Estelle Watts
MS Department of Education

Becky Tilton
MS Department of Finance & Administration

Candice Whitfield
MS Governor's Office

Mark Smith
MS Department of Human Services

Col. Lee W. Smithson
MS Military Department

David Mallery
MS Commission for Volunteer Service

Meg Pearson
MS State Department of Health

Tammy Chamblee
MS State Department of Health

Community Mitigation Strategies Workgroup

MS State Department of Health
MS Department of Finance and Administration
MS Department of Human Services
MS Emergency Management Agency
MS Commission on Volunteer Service
MS Department of Education
MS Economic Council
MS Department of Transportation
MS Association of Independent Schools
MS Board of Trustees of State Institutions of Higher Learning
MS Department of Transportation
MS Gaming Commission
MS Medical Association
MS Office of the Attorney General
MS State Board for Community and Junior Colleges

Healthcare and Public Health System Capacity Workgroup

University of Mississippi Medical Center
MS Department of Mental Health
MS State Department of Health
MS Board of Animal Health
MS Band of the Choctaw Indians
MS Board of Nursing
MS Board of Pharmacy
MS Department of Public Safety
MS Department of Rehabilitation Services
MS Division of Medicaid
MS Hospital Association
MS Primary Care Association
MS State Board of Medical Licensure
MS Port Authority

EMS, Public Safety and 911 Systems Capacity Workgroup

MS Department of Public Safety
American Medical Response
MS Association of Chiefs of Police
MS Sheriff's Association
MS Office of the Attorney General
MS Emergency Management Agency
MS Department of Human Services
MS Wireless Communications Commission
MS Department of Corrections
MS State Department of Health

Identification and Maintenance of Essential Government Functions Workgroup

MS Department of Education
MS Emergency Management Agency
Office of the Mississippi State Treasurer
MS Office of the State Auditor
MS Department of Finance and Administration
MS Department of Public Safety
MS Department of Information Technology Services
MS State Personnel Board
MS Military Department
MS Division of Medicaid
MS Association of Independent Schools
MS Board of Trustees of State Institutions of Higher Learning
MS Department of Agriculture and Commerce
MS Department of Archives and History
MS Department of Banking and Consumer Finance
MS Department of Employment Security
MS Economic Council
MS Department of Public Safety – Office of Homeland Security
MS Dept. of Revenue
Public Employees Retirement System of Mississippi
Workers Compensation Commission

External Affairs – Federal Agencies and Foreign Missions Workgroup

MS Emergency Management Agency
MS State Department of Health
MS Department of Human Services
MS Department of Transportation
MS Military Department
MS Band of the Choctaw Indians
MS Office of the Attorney General

Identification and Maintenance of Critical Infrastructure and Key Resources Workgroup

MS Department of Environmental Quality
MS Forestry Commission
MS Military Department
MS Emergency Management Agency
MS State Department of Health
MS Department of Agriculture and Commerce
MS Department of Human Services
MS Trucking Association

Attachment C: Emergency Support Function Coordination Guide



Prepared April 29, 2010

About This Guide

This attachment serves as a point of reference for the Mississippi Emergency Support Functions to identify their scope of actions that may occur during Pandemic Influenza (PI) preparedness, response and recovery activities. The activities outlined are either in addition to activities outlined in the Basic Plan and Emergency Support Functions (ESF) Annexes of the Comprehensive Emergency Management Plan (CEMP), or they outline how these activities are augmented in a Pandemic scenario. All ESFs, including those listed below, are still responsible for the activities outlined in the CEMP Basic Plan and ESF Annexes.

This list of agencies/organizations and ESF activities should not be considered exhaustive or static. As the situation and federal guidance evolves throughout the phases of a pandemic, so will the requirements of the state, and flexibility beyond the items outlined below will likely be required.

Agencies/Key Stakeholders

P – Primary Agencies/Organizations

S – Supporting Agencies/Organizations

Legend- The Alphanumeric in () is the Federal Guidance Appendix number

- A. Sustain Operations of State Agencies and Support and Protect Government Workers (A1)
- B. Ensure Public Health Continuity of Operations (COOP) During Each Phase of a Pandemic (A2)
- C. Ensure Continuity of Food Supply System (A3)
- D. Ensure Ability to Respond to Agricultural Emergencies and Maintain Food Safety Net Programs (A4)
- E. Ensure Integration of Uniformed Military Services Needs and Assets (A5)
- F. Sustain Transportation Systems (A6)
- G. Ensure Surveillance and Laboratory Capability During Each Phase of a Pandemic (B1)
- H. Assist with Controls at U.S. Ports of Entry (B2)
- I. Implement Community Mitigation Interventions (B3)
- J. Enhance State Plans to Enable Community Mitigation Through Student Dismissal and School Closure (B4)
- K. Acquire and Distribute Medical Countermeasures (B5)
- L. Ensure Mass Vaccination Capability During Each Phase of a Pandemic (B6)
- M. Provide Healthcare (B7)
- N. Manage Mass Fatalities (B8)
- O. Ensure Communication Capability During Each Phase of a Pandemic (B9)
- P. Mitigate the Impact of a Pandemic Influenza on Workers in the State (B10)
- Q. Understand Official Communication Mechanisms for Foreign Missions, International Organizations and their Members in the U.S. (B11)
- R/S. Integrate EMS, 9-1-1 Public Safety Answering Points into Pandemic Preparedness (B12, B13)
- T. Protect Citizens: Operating Readiness (B14)
- U. Public Safety and Law Enforcement (B15)
- V. Define Critical Infrastructure/Key Resources (CIKR) Protection, Planning, Preparedness Roles and Responsibilities (C1)
- W. Build Public-Private Partnerships and Support Networks (C2)
- X. Implement the National Infrastructure Protection Plan (NIPP) Risk Management Framework for a Pandemic (C3)
- Y. Bolster CIKR Information Sharing and Protection Initiatives (C4)
- Z. Leverage Emergency Preparedness Activities for CIKR Protection, Planning and Preparedness (C5)
- AA. Integrate Federal and State CIKR Protection, Planning and Preparedness Activities (C6)
- BB. Allocate Scarce Resources (C7)

CDC – Centers for Disease Control and Prevention

Section II Sub-Section	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R/S	T	U	V	W	X	Y	Z	AA	BB
Primary ESF	5	8	11	11	5	1	8	8	8	8	8	8	8	8	2/15	8	5	8	8	13	5	5	13	5	5	5	5
Agencies/Key Stakeholders																											
All Agencies and Organizations	S								S																		
Mississippi Association of Independent Schools	S						S		S	S																	
Mississippi Attorney General's Office	S								S	S						S				S	S						
Mississippi Band of the Choctaw Indians	S								S								S										
Mississippi Board of Animal Health	S	S	P	P			S		S																		
Mississippi Board of Nursing	S								S				S			S											
Mississippi Board of Pharmacy	S								S							S									S		S
Mississippi Board of Trustees of State Institutions of Higher Learning	S						S		S	S						S	S										
Mississippi Clinical Laboratories	S	S					S		S																		
Mississippi Commission for Volunteer Service	S								S							S											

Section II Sub-Section	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R/S	T	U	V	W	X	Y	Z	AA	BB
Primary ESF	5	8	11	11	5	1	8	8	8	8	8	8	8	8	2/15	8	5	8	8	13	5	5	13	5	5	5	5
Mississippi Coroners Association	S								S					S													
Mississippi Dental Association	S								S					S													
Mississippi Department of Agriculture and Commerce	S	S	P	P					S						S	S											
Mississippi Department of Banking & Consumer Finance	S								S							S					S						
Mississippi Department of Corrections	S								S											S							
Mississippi Department of Education	S					S	S		S	S							S										
Mississippi Department of Employment Security	S								S							S											
Mississippi Department of Environmental Quality	S								S												S						
Mississippi Department of Finance and Administration	S		S	S					S																S		S
Mississippi Department of Health Information	S						S		S																		

Section II Sub-Section	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R/S	T	U	V	W	X	Y	Z	AA	BB
Primary ESF	5	8	11	11	5	1	8	8	8	8	8	8	8	8	2/15	8	5	8	8	13	5	5	13	5	5	5	5
Technology																											
Mississippi Department of Human Services	S					S			S				S			S	S										
Mississippi Department of Information Technology Services	S	S							S						S	S											
Mississippi Department of Marine Resources	S		S	S					S											S							
Mississippi Department of Mental Health	S	S							S				S			S											
Mississippi Department of Public Safety	S					S			S		S	S						S		P							
Mississippi Office of Homeland Security (Department of Public Safety)	S								S							S			S		P	P	P	P	S	S	S
Mississippi State Medical Examiner’s Office (Department of Public Safety)	S								S					S													
Mississippi Department of Rehabilitation Services	S								S				S														
Mississippi Department of	S		S	S		P			S									S			S						

Section II Sub-Section	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R/S	T	U	V	W	X	Y	Z	AA	BB
Primary ESF	5	8	11	11	5	1	8	8	8	8	8	8	8	8	2/15	8	5	8	8	13	5	5	13	5	5	5	5
Transportation																											
Mississippi Department of Wildlife, Fisheries and Parks	S		S	S					S											S							
Mississippi Division of Medicaid	S								S							S											
Mississippi Economic Council	S								S							S											
Mississippi Emergency Management Agency	P	S	S	S	P	S			S	S			S		P	S	P	S	S		P	S	S	S	P	P	
Mississippi Funeral Directors Association	S								S					S													
Mississippi Funeral Directors and Morticians Association	S								S				S	S													
Mississippi Healthcare Organizations	S								S				S														
Mississippi Hospital Association	S								S		S		S	S													
Mississippi Hospitals	S	S					S		S					S		S											
Mississippi Insurance Department	S								S							S											
Mississippi Manufacturers Association	S								S							S											

Section II Sub-Section	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R/S	T	U	V	W	X	Y	Z	AA	BB
Primary ESF	5	8	11	11	5	1	8	8	8	8	8	8	8	8	2/15	8	5	8	8	13	5	5	13	5	5	5	5
Mississippi Military Department	S				S	S			S		S	S								S							
Mississippi Port Authority	S							S	S																		
Mississippi Public Broadcasting	S								S						S	S					S						
Mississippi Public Service Commission	S								S							S									S		S
Mississippi Veterinary Research and Diagnostic Laboratory	S	S							S																		
Mississippi State Board for Community and Junior Colleges	S						S		S	S						S											
Mississippi State Board of Funeral Service	S								S					S													
Mississippi State Board of Medical Licensure	S								S				S			S											
Mississippi State Department of Health	S	P	S	S	S	S	P	P	P	P	P	P	P	P	P	P	S	P	P	S	S	S	S	S	S	S	S
Mississippi State Supreme Court	S								S											S							
Mississippi State University Extension Service	S	S	S						S							S											
Mississippi Dept. of Revenue	S								S							S											

Section II Sub-Section	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R/S	T	U	V	W	X	Y	Z	AA	BB
Primary ESF	5	8	11	11	5	1	8	8	8	8	8	8	8	8	2/15	8	5	8	8	13	5	5	13	5	5	5	5
Mississippi Trucking Association	S								S																		
Mississippi Veterinary Research and Diagnostic Laboratory	S						S		S																		
Mississippi Wireless Communication Commission	S								S									S									
Mississippi Worker's Compensation Commission	S								S							S											
Mississippi Governor's Office	S				P				S							S	P				S						S
University of Mississippi Medical Center	S								S				S	S		S											

Mississippi State Operational Stage: Preparedness

USG Stage: 0/1/2/3

CDC Interval: Investigation, Recognition

Trigger indicating that Mississippi could be affected:

Ongoing preparedness activities in the absence of known pre-pandemic disease activity (USG Stage 0).

Suspected overseas reported by WHO or CDC may add urgency to preparedness activities (USG Stage 1).

Confirmed human overseas reported by WHO or CDC may add urgency to preparedness activities (USG Stage 2 &3).

Objectives	Coordination Activities - PREPAREDNESS	Reference
ESF 1 Transportation		
Keep foods and people moving during a pandemic influenza	<ul style="list-style-type: none">• Coordinate with the Mississippi Department of Transportation to develop plans and contracts, MOUs, etc. to support the sustainment of transportation services during a pandemic.	Section II.F
Protect transportation workers during a pandemic influenza	<ul style="list-style-type: none">• Identify risks posed to transportation workers during a pandemic.• In coordination with the Mississippi State Department of Health to develop plans to identify and implement infection control strategies, protect transportation workers (social distancing, personal protective equipment, cleaning/sanitizing operations).• Ensure transportation staff are trained on personal protective measures that can be taken during a pandemic.	Section II.F
Protect the public while using transportation systems during a pandemic	<ul style="list-style-type: none">• In coordination with the Mississippi State Department of Health and ESF 15, develop strategies to communicate protective measures that may be taken by the public using public transportation systems during a pandemic.	Section II.F
Objectives	Coordination Activities - PREPAREDNESS	Reference

Objectives	Coordination Activities - PREPAREDNESS	Reference
ESF 2 Communications Response		
Develop/implement operating plans for two-way communications during a pandemic	<ul style="list-style-type: none"> In coordination with the Mississippi Emergency Management Agency, coordinate the development/maintenance of plans to coordinate the management of two-way communications systems with the Mississippi Department of Information Technology Services, Wireless Communications Commission and Mississippi Department of Public Safety as well as end-user agencies and organizations consistent with the ESF 2 Annex in the CEMP. 	Section II.O
ESF 5 Emergency Management		
Ensure continuity of government in face of significantly increased absenteeism	<ul style="list-style-type: none"> Develop continuity of government plans. Ensure state agencies have Continuity of Operations Plans (COOP) in place. 	Section II.A
Assist employees of state agencies unable to work for a significant time period	<ul style="list-style-type: none"> Work with the Mississippi Department of Finance and Administration, the Mississippi State Personnel Board and individual agencies to develop policies for leave, benefits, telework etc. during a pandemic. 	Section II.A
Communicate with employees of state agencies	<ul style="list-style-type: none"> Ensure agencies are provided with information during a pandemic (see Section II.O) and have plans to communicate with their employees during a pandemic 	Section II.A
Ensure state agency workplaces are safe workplaces during pandemic	<ul style="list-style-type: none"> In coordination with the Mississippi State Department of Health, ensure agencies develop policies and procedures for implementing infection control/disease mitigation guidance in the workplace that include but are not limited to: <ul style="list-style-type: none"> Social distancing Personal protective equipment procurement and usage Standard disease prevention activities (hand washing, cough etiquette) 	Section II.A
Revise human resource and other workplace policies affecting the safety of state government workers	<ul style="list-style-type: none"> Work with the Mississippi Department of Finance and Administration, Mississippi State Personnel Board and individual agencies to develop policies for leave, benefits and telework. during a pandemic. Ensure that plans exist for state workers to obtain access to healthcare, mental health and other workforce resilience services. 	Section II.A

Objectives	Coordination Activities - PREPAREDNESS	Reference
Ensure uniformed military services are integrated into all phases of State Pandemic Influenza Planning	<ul style="list-style-type: none"> Develop strategies and procedures for requesting and managing assets from the Mississippi Military Department and the federal military services during a pandemic. 	Section II.E
Ensure local emergency managers and local health departments coordinate planning with active federal military installations in their jurisdictions, if present	<ul style="list-style-type: none"> Coordinate the development of plans between local jurisdictions and military installations and facilitate communication if needed. 	Section II.E
Facilitate coordination with Military organizations and response assets	<ul style="list-style-type: none"> Support coordination and communication for planning efforts with the Mississippi Military Department and federal military services. 	Section II.E
Understand official communication mechanisms for foreign missions, international organizations and their members in the United States	<ul style="list-style-type: none"> Ensure ongoing awareness among Mississippi agencies and organizations of official communications mechanisms for foreign missions, international organizations and their members with a presence in the state of Mississippi. 	Section II.Q
Understand official communication mechanisms for foreign missions, international organizations and their members in the United States	<ul style="list-style-type: none"> Ensure ongoing awareness among Mississippi agencies and organizations of official communications mechanisms for foreign missions, international organizations and their members with a presence in the state of Mississippi. 	Section II.Q
Define Critical Infrastructure and Key Resources (CIKR) protection, planning, preparedness, response and recovery roles and responsibilities	<ul style="list-style-type: none"> Evaluate the state's current CIKR plans based on federal guidance and identify current gaps for correction. Develop plans, procedures and programs for integrating and coordination CIKR at the local and state level. 	Section II.V
Build and utilize public-private partnerships and support networks	<ul style="list-style-type: none"> Develop protection planning and support networks including representation from government and private entities in the CIKR sectors. Identify and develop plans to accommodate unique geographical issues that would impact pandemic response and recovery efforts. 	Section II.W

Objectives	Coordination Activities - PREPAREDNESS	Reference
Bolster CIKR information sharing and protection initiatives	<ul style="list-style-type: none"> Develop a process/structure for preparedness planning and information sharing among CIKR partners. 	Section II.Y
Leverage emergency preparedness activities for CIKR protection, planning, preparedness, response and recovery	<ul style="list-style-type: none"> Provide support to CIKR planning and preparedness activities against identified threats and vulnerabilities. 	Section II.Z
Integrate federal, state, local, tribal and territorial government with the public- and private-sector CIKR protection, planning, preparedness, response and recovery activities	<ul style="list-style-type: none"> Provide support to CIKR planning and preparedness activities for state, local and tribal governments as well as public and private sector partners, against identified threats and vulnerabilities in coordination with federal preparedness priorities and resources. 	Section II.AA
Prioritize and allocate scarce resources	<ul style="list-style-type: none"> Establish systems for identifying, managing and providing scarce resources during a pandemic influenza. 	Section II.BB
ESF 8 Public Health and Medical Services		
Maintain essential public health functions	<ul style="list-style-type: none"> Develop/maintain continuity of operations plans for public health organizations and activities including the identification of essential functions. 	Section II.B
Pre-identify personnel, equipment and resources to support sustained response/survivability and recovery	<ul style="list-style-type: none"> Identify personnel, equipment and resources required to support identified essential functions of public health organizations and activities. 	Section II.B
Pre-identify primary and secondary individuals for core functional roles per the Incident Command System	<ul style="list-style-type: none"> Identify and train staff who can serve as either primary or backup staff for ICS based command and control of a pandemic influenza. 	Section II.B

Objectives	Coordination Activities - PREPAREDNESS	Reference
Implement steps for enhanced human surveillance	<ul style="list-style-type: none"> Develop plans for enhanced human surveillance of influenza-like illness during a pandemic to include: <ul style="list-style-type: none"> Systems to collect information Data reporting processes Specimen collection and testing Strategies to communicate with providers Protocols for suspected/confirmed case investigation 	Section II.G
Monitor influenza-related hospitalizations and deaths throughout the pandemic	<ul style="list-style-type: none"> Develop plans and procedures to collect information electronically on deaths and hospitalizations due to influenza during a pandemic. 	Section II.G
Develop procedures for notification and information sharing	<ul style="list-style-type: none"> Establish plans and procedures for notification and information sharing between the Mississippi State Department of Health and healthcare institutions and other key stakeholders. Ensure communication also includes links between animal and human disease surveillance systems. 	Section II.G
Develop operating steps to obtain information on and track the impact of a pandemic	<ul style="list-style-type: none"> Establish plans and procedures to collect and analyze epidemiological information to assist in response decision making and for reporting to the CDC. 	Section II.G
Develop steps for augmenting the capacity of public health and clinical laboratories	<ul style="list-style-type: none"> Identify alternate resources for supporting clinical and public health laboratories and develop plans to utilize them in a pandemic. 	Section II.G
Develop systems and procedures that will be used to exchange specimen-level data electronically among laboratories	<ul style="list-style-type: none"> Establish and deploy systems to collect specimen data among clinical and public health laboratories and to report to the CDC as appropriate. 	Section II.G
Develop call-down procedures for laboratory staff	<ul style="list-style-type: none"> Ensure call-down procedures are integrated into laboratory pandemic plans. 	Section II.G
Identify locations for additional laboratory facilities	<ul style="list-style-type: none"> Develop plans (including MOUs or MOAs) to utilize identified alternate laboratory facilities. 	Section II.G
Develop strategies for controls at ports of entry	<ul style="list-style-type: none"> Coordinate with Port Authorities and CDC Quarantine station to develop plans for supporting CDC disease investigation and control operations at ports of entry. 	Section II.H
Develop strategies for isolation and treatment of ill individuals	<ul style="list-style-type: none"> Establish and maintain plans for isolating and treating pandemic influenza patients. 	Section II.I

Objectives	Coordination Activities - PREPAREDNESS	Reference
Provide clear policies and procedures for advising voluntary quarantine of household contacts to a known or suspected case, including processes to monitor households under quarantine	<ul style="list-style-type: none"> Develop and maintain plans for advising voluntary quarantine of close contacts as well as processes for monitoring those under quarantine. 	Section II.I
Develop clear policies and procedures for advising social distancing practices in the community and the worksite	<ul style="list-style-type: none"> Establish and maintain plans for the selection and implementation of social distancing measures based on CDC guidance and the severity and epidemiology of the pandemic. 	Section II.I
Review legal authorities and delegations of authority for closing schools and dismissing students	<ul style="list-style-type: none"> Identify legal authorities and responsibilities for implementing school closure and student dismissal. 	Section II.J
Provide, develop and/or enhance planning and coordination efforts for school closure/student dismissal and reopening	<ul style="list-style-type: none"> Provide guidance for the establishment of plans and procedures for school closure for daycare centers, state and independent schools as well as community colleges and institutions of higher education on a voluntary and mandatory basis. Provide guidance for the establishment plans for re-opening closed schools and institutions. 	Section II.J
Develop and/or enhance communications planning for school closure/student dismissal and reopening	<ul style="list-style-type: none"> Identify strategies for communicating with the public, parents and students on school closure and student dismissal. 	Section II.J
Establish expectation and procedures for providing continuity of education for students	<ul style="list-style-type: none"> Encourage schools to develop expectations for the ongoing provision of education and identified the responsibilities for ensuring the continuing of education were appropriate. 	Section II.J
Establish policies and procedure for use of school facilities and resources during a pandemic	<ul style="list-style-type: none"> Develop plans and MOUs on the use of school facilities and resources to support pandemic response. 	Section II.J

Objectives	Coordination Activities - PREPAREDNESS	Reference
Ensure continuity of operations and business continuity plans include considerations for pandemic for the state educational agency	<ul style="list-style-type: none"> Ensure the development and maintenance of continuity of operations plans for state education agencies and organizations during a pandemic. 	Section II.A
Receive and store antiviral drugs, personal protective equipment and medical supplies from the SNS	<ul style="list-style-type: none"> Develop plans and systems for managing assets received from the federal Strategic National Stockpile. 	Section II.K
Ensure mass vaccination capability during each phase of a pandemic	<ul style="list-style-type: none"> Develop plans for the distribution of vaccine and other medical countermeasures to the public during a pandemic. 	Section II.L
Provide mechanisms for vaccine monitoring	<ul style="list-style-type: none"> Ensure that mass vaccination plans include provisions for the monitoring of adverse events from the administration of medical countermeasures. 	Section II.L
Provide healthcare during a pandemic	<ul style="list-style-type: none"> Coordinate with healthcare delivery organizations to develop and maintain plans for providing care during a pandemic. 	Section II.M
Manage mass fatalities during a pandemic	<ul style="list-style-type: none"> Coordinate plans to ensure the ability to manage a surge of fatalities during a pandemic. 	Section II.N
Develop culturally-appropriate and language specific information	<ul style="list-style-type: none"> Establish pandemic influenza informational material templates that are culturally specific and in multiple languages. 	Section II.O
Mitigate the impact of a pandemic influenza on workers in the State	<ul style="list-style-type: none"> Identify resources and develop plans to support workers in Mississippi during a pandemic. Share preparedness information and resources with workers in Mississippi. 	Section II.P
Ensure integration of EMS into pandemic planning	<ul style="list-style-type: none"> Include EMS in the development of pandemic plans and ensure that EMS issues are addressed in pandemic planning. 	Section II.R/S
Integrate the roles of EMS into influenza surveillance and mitigation	<ul style="list-style-type: none"> Ensure the integrations of EMS transport information into influenza surveillance activities. 	Section II.R/S
Maintain continuity of EMS operations during a pandemic influenza	<ul style="list-style-type: none"> Develop plans to augment EMS resources to ensure continuity of operations during a pandemic. 	Section II.R/S

Objectives	Coordination Activities - PREPAREDNESS	Reference
Identify/ensure legal authority to support EMS operations during a pandemic	<ul style="list-style-type: none"> Locate and review the Mississippi legal authorities that may impact the support of EMS operations during a pandemic. 	Section II.R/S
Establish/communicate EMS clinical standards and treatment protocols	<ul style="list-style-type: none"> Develop plans and procedures for communicating pandemic clinical standards and treatment protocols with EMS providers during a pandemic. 	Section II.R/S
Ensure the protection of the EMS workforce	<ul style="list-style-type: none"> Establish plans and procedures to ensure that EMS personnel have appropriate guidance and resources to protect themselves during a pandemic. 	Section II.R/S
ESF 11 Animals, Agriculture and Natural Resources		
Ensure continuity of the food supply system	<ul style="list-style-type: none"> Coordinate with the Mississippi Board of Animal Health and the Mississippi Department of Agriculture and Commerce to develop plans to ensure the food supply is not disrupted during a pandemic. 	Section II.C
Ensure the ability to respond to agriculture emergencies and maintain food safety net programs	<ul style="list-style-type: none"> Coordinate with the Mississippi Board of Animal Health and the Mississippi Department of Agriculture and Commerce to develop plans to respond to agricultural emergencies. Develop plans to maintain food safety net/nutritional assistance programs during a pandemic. 	Section II.D
ESF 13 Public Safety and Security		
Ensure guiding principles for Public Safety Answering Points (PSAPs) are developed and disseminated	<ul style="list-style-type: none"> Integrate PSAPs into pandemic influenza plans and information dissemination strategies. 	Section II.R/S
Ensure the ability of PSAPs to provide information to the public	<ul style="list-style-type: none"> Develop plans to provide PSAPs with updated public health information throughout a pandemic. 	Section II.R/S
Ensure PSAPs are able to facilitate call screening	<ul style="list-style-type: none"> Develop plans for PSAPs to provide information to the public, including the deferring of calls to call centers and other information resources if appropriate. 	Section II.R/S

Objectives	Coordination Activities - PREPAREDNESS	Reference
Ensure PSAP protocols provide for priority dispatch of limited EMS resources	<ul style="list-style-type: none"> Develop plans to disseminate revised protocols for the dispatch of EMS resources during a pandemic. 	Section II.R/S
Educate and train PSAPs	<ul style="list-style-type: none"> Develop pre-pandemic training for PSAPS as well as plans for providing just-in-time training during a pandemic. 	Section II.R/S
Ensure PSAP continuity of operations	<ul style="list-style-type: none"> Develop continuity of operations plans for PSAP operations. 	Section II.S
Ensure public safety and law enforcement operations continue during a pandemic	<ul style="list-style-type: none"> Develop plans to ensure that critical components of the law enforcement and justice systems continue during a pandemic. 	Section II.U
Implement the National Infrastructure Protection Plan (NIPP) risk management framework for a pandemic	<ul style="list-style-type: none"> Integrate the NIPP risk management framework into pandemic planning. 	Section II.X

Mississippi State Operational Stage: Response

USG Stage: 4/5

CDC Interval: Initiation/Acceleration/Peak/Deceleration

Trigger indicating that Mississippi could be affected: There are laboratory-confirmed human outbreaks in North America.

Trigger indicating that Mississippi is affected: One or more clusters of novel influenza with sustained and efficient human-to-human transmission in Mississippi or bordering states (USG Stage 4).

One laboratory-confirmed¹ case of pandemic influenza detected within Mississippi or an adjacent state² with evidence³ of increased occurrence of respiratory illness in Mississippi; or two or more laboratory-confirmed² cases of pandemic influenza detected within Mississippi or an adjacent state³ that are not epidemiologically linked to any previous case (USG Stage 5).

¹ Confirmed by a Laboratory Response Network (LRN) Reference Laboratory (not a Sentinel Laboratory)

² Some epidemiologic judgment must be used in determining when a case in an adjacent state triggers the Initiation Interval in Mississippi.

³ As detected by surveillance systems operated by the MSDH.

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
ESF 1 Transportation				
Keep foods and people moving during a pandemic influenza	<ul style="list-style-type: none">• Communicate with transportation authorities, operations centers and other key stakeholders on pandemic specific transportation issues• May implement pandemic specific	<ul style="list-style-type: none">• Communicate with transportation authorities, operations centers and other key stakeholders on pandemic specific transportation issues• May implement pandemic specific	<ul style="list-style-type: none">• Communicate with transportation authorities, operations centers and other key stakeholders on pandemic specific transportation issues• Implement pandemic specific cleaning and	Section II.F

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	cleaning and sanitizing measures on public transportation based on guidance from the Mississippi State Department of Health	cleaning and sanitizing measures on public transportation based on guidance from the Mississippi State Department of Health <ul style="list-style-type: none"> May implement contracts and MOUs with key suppliers 	sanitizing measures on public transportation based on guidance from the Mississippi State Department of Health <ul style="list-style-type: none"> Implement contracts, MOUs, etc. with key suppliers 	
Protect transportation workers during a pandemic influenza	<ul style="list-style-type: none"> In coordination with guidance from the Mississippi State Department of Health, communicate instructions and infection control strategies to protect transportation workers (social distancing, personal protective equipment, cleaning/sanitizing operations) 	<ul style="list-style-type: none"> In coordination with guidance from the Mississippi State Department of Health, communicate instructions and infection control strategies to protect transportation workers (social distancing, personal protective equipment, cleaning/sanitizing operations) 	<ul style="list-style-type: none"> In coordination with guidance from the Mississippi State Department of Health, communicate instructions and infection control strategies to protect transportation workers (social distancing, personal protective equipment, cleaning/sanitizing operations) 	Section II.F
Protect the public while using transportation systems during a pandemic	<ul style="list-style-type: none"> In coordination with the Mississippi State Department of Health and ESF 15 communicate travel 	<ul style="list-style-type: none"> In coordination with the Mississippi State Department of Health and ESF 15 communicate travel 	<ul style="list-style-type: none"> In coordination with the Mississippi State Department of Health and ESF 15 communicate travel 	Section II.F

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	advisories, alerts and pandemic specific infection control strategies that can be implemented by passengers on public transportation <ul style="list-style-type: none"> May conduct pandemic specific cleaning procedures on public transportation 	advisories, alerts and pandemic specific infection control strategies that can be implemented by passengers on public transportation <ul style="list-style-type: none"> May conduct pandemic specific cleaning procedures on public transportation 	advisories, alerts and pandemic specific infection control strategies that can be implemented by passengers on public transportation <ul style="list-style-type: none"> Conduct pandemic specific cleaning procedures on public transportation 	
ESF 2 Communications				
Implement operating plans for two-way communications during a pandemic	<ul style="list-style-type: none"> Ensure the functionality of two-way communications systems consistent with the ESF 2 Annex in the CEMP 	<ul style="list-style-type: none"> Ensure the functionality of two-way communications systems consistent with the ESF 2 Annex in the CEMP 	<ul style="list-style-type: none"> Ensure the functionality of two-way communications systems consistent with the ESF 2 Annex in the CEMP 	Section II.O
ESF 5 Emergency Management				
Ensure continuity of government in face of significantly increased absenteeism	<ul style="list-style-type: none"> Conduct normal operations 	<ul style="list-style-type: none"> May reallocate resources to ensure sustainment essential functions 	<ul style="list-style-type: none"> Reallocate resources to ensure sustainment of essential functions 	Section II.A
Assist employees of State agencies unable to work for a significant time period	<ul style="list-style-type: none"> Conduct normal HR policies and procedures for 	<ul style="list-style-type: none"> Consider implementing pandemic-specific 	<ul style="list-style-type: none"> Implement pandemic-specific HR policies and 	Section II.A

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	absenteeism	HR policies and procedures to accommodate increased absenteeism, such as telework or altered leave policies	procedures to accommodate increase absenteeism such as telework or altered leave policies	
Communicate with employees of State agencies	<ul style="list-style-type: none"> Provide updated information to state agencies/ organizations and ensure pandemic information is communicated to state workers 	<ul style="list-style-type: none"> Provide updated information to state agencies/ organizations and ensure pandemic information is communicated to state workers 	<ul style="list-style-type: none"> Provide updated information to state agencies/ organizations and ensure pandemic information is communicated to state workers 	Section II.A
Ensure state agency workplaces are safe workplaces during pandemic	<ul style="list-style-type: none"> Implement standard workplace infection control practices such as (hand hygiene are cough etiquette) 	<ul style="list-style-type: none"> May implement pandemic-specific workplace infection control policies and procedures such as social distancing and use of personal protective equipment 	<ul style="list-style-type: none"> Implement pandemic-specific workplace infection control policies and procedures such as social distancing and use of personal protective equipment 	Section II.A
Revise human resource and other workplace policies affecting the safety of State government workers	<ul style="list-style-type: none"> Utilize normal HR policies and procedures for the workplace such as (sick leave, telework) Review pandemic specific human resource policies 	<ul style="list-style-type: none"> Consider implementing pandemic specific HR policies and procedures to accommodate pandemic specific infection control 	<ul style="list-style-type: none"> Implementing pandemic specific HR policies and procedures to accommodate pandemic specific infection control policies (telework, 	Section II.A

Coordination Activities Based on Pandemic Severity Index - RESPONSE

Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	and revise/develop policies as needed	policies such as (telework, travel restrictions, altered leave policies) <ul style="list-style-type: none"> May implement programs to address psychological and social needs of state workers 	travel restrictions, altered leave policies) <ul style="list-style-type: none"> Implement programs to address psychological and social needs of state workers 	
Ensure uniformed military services are integrated into all phases of State Pandemic Influenza Planning	<ul style="list-style-type: none"> May implement strategies and procedures for requesting and managing assets from the Mississippi Military Department and the federal military services during a pandemic as required 	<ul style="list-style-type: none"> May implement strategies and procedures for requesting and managing assets from the Mississippi Military Department and the federal military services during a pandemic as required 	<ul style="list-style-type: none"> Implement strategies and procedures for requesting and managing assets from the Mississippi Military Department and the federal military services during a pandemic as required 	Section II.E
Ensure local emergency managers and local health departments coordinate planning with active federal military installations in their jurisdictions, if present	<ul style="list-style-type: none"> May implement plans between local jurisdictions and military installations and facilitate communication if needed and as required 	<ul style="list-style-type: none"> May implement plans between local jurisdictions and military installations and facilitate communication if needed and as required 	<ul style="list-style-type: none"> Implement plans between local jurisdictions and military installations and facilitate communication if needed and as required 	Section II.E
Facilitate coordination with Military organizations and response assets	<ul style="list-style-type: none"> Support coordination and communication for planning efforts 	<ul style="list-style-type: none"> Support coordination and communication for planning efforts 	<ul style="list-style-type: none"> Support coordination and communication for planning efforts 	Section II.E

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	with the Mississippi Military Department and federal military services	with the Mississippi Military Department and federal military services	with the Mississippi Military Department and federal military services	
Understand official communication mechanisms for foreign missions, international organizations and their members in the United States	<ul style="list-style-type: none"> Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	<ul style="list-style-type: none"> Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	<ul style="list-style-type: none"> Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	Section II.Q
Facilitate coordination with military organizations and response assets	<ul style="list-style-type: none"> Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	<ul style="list-style-type: none"> Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	<ul style="list-style-type: none"> Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	Section II.Q
Define Critical Infrastructure and Key Resources (CIKR) protection, planning, preparedness, response and recovery roles and responsibilities	<ul style="list-style-type: none"> May implement information sharing systems among CIKR sector 	<ul style="list-style-type: none"> Implement information sharing systems among CIKR sector May implement as appropriate any temporary regulatory 	<ul style="list-style-type: none"> Implement information sharing systems among CIKR sector Implement as appropriate any temporary regulatory 	Section II.V

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
		adjustments for waivers for the CIKR community under a Governor's Declaration	adjustments for waivers for the CIKR community under a Governor's Declaration	
Build and utilize public-private partnerships and support networks	<ul style="list-style-type: none"> May implement systems for collection, analysis and sharing of information among public/private partnerships on CIKR functionality 	<ul style="list-style-type: none"> Implement systems for collection, analysis and sharing of information among public/private partnerships on CIKR functionality 	<ul style="list-style-type: none"> Implement systems for collection, analysis and sharing of information among public/private partnerships on CIKR functionality 	Section II.W
Bolster CIKR information sharing and protection initiatives	<ul style="list-style-type: none"> Support the exchange of information among CIKR partners 	<ul style="list-style-type: none"> Support the exchange of information among CIKR partners 	<ul style="list-style-type: none"> Support the exchange of information among CIKR partners 	Section II.Y
Leverage emergency preparedness activities for CIKR protection, planning, preparedness, response and recovery	<ul style="list-style-type: none"> May conduct assessments of the impact of a pandemic on CIKR sector May provide assistance to the CIKR sector to ensure ongoing functionality of infrastructure 	<ul style="list-style-type: none"> May conduct assessments of the impact of a pandemic on CIKR sector May provide assistance to the CIKR sector to ensure ongoing functionality of infrastructure 	<ul style="list-style-type: none"> Conduct assessments of the impact of a pandemic on CIKR sector Provide assistance to the CIKR sector to ensure ongoing functionality of infrastructure 	Section II.Z
Integrate federal, state, local, tribal and territorial government with the public-	<ul style="list-style-type: none"> May conduct assessments of the impact of a 	<ul style="list-style-type: none"> May conduct assessments of the impact of a 	<ul style="list-style-type: none"> Conduct assessments of the impact of a 	Section II.AA

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
and private-sector CIKR protection, planning, preparedness, response and recovery activities	<p>pandemic on CIKR sector</p> <ul style="list-style-type: none"> May provide assistance and/or coordinate federal assistance to state, local tribal and public and private sector CIKR partners 	<p>pandemic on CIKR sector</p> <ul style="list-style-type: none"> May provide assistance and/or coordinate federal assistance to state, local tribal and public and private sector CIKR partners 	<p>pandemic on CIKR sector</p> <ul style="list-style-type: none"> Provide assistance and/or coordinate federal assistance to state, local tribal and public and private sector CIKR partners 	
Prioritize and allocate scarce resources	<ul style="list-style-type: none"> May utilize systems for identifying, managing and providing scarce resources during a pandemic influenza 	<ul style="list-style-type: none"> May utilize systems for identifying, managing and providing scarce resources during a pandemic influenza 	<ul style="list-style-type: none"> Utilize systems for identifying, managing and providing scarce resources during a pandemic influenza 	Section II.BB
ESF 8 Public Health and Medical Services				
Maintain essential public health functions	<ul style="list-style-type: none"> May utilize specific portions of continuity of operations plans for public health organizations and activities 	<ul style="list-style-type: none"> May utilize continuity of operations plans for public health organizations and activities 	<ul style="list-style-type: none"> Utilize continuity of operations plans for public health organizations and activities 	Section II.B
Pre-identify personnel, equipment and resources to support sustained response/survivability and recovery	<ul style="list-style-type: none"> May utilize some pre-identified equipment and resources to support the maintenance of essential public 	<ul style="list-style-type: none"> May utilize pre-identified equipment and resources to support the maintenance of essential public 	<ul style="list-style-type: none"> Utilize pre-identified equipment and resources to support the maintenance of essential public health functions 	Section II.B

Coordination Activities Based on Pandemic Severity Index - RESPONSE

Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	health functions	health functions		
Pre-identify primary and secondary individuals for core functional roles per the Incident Command System	<ul style="list-style-type: none"> May activate components of the Incident Command System to support public health response activities 	<ul style="list-style-type: none"> May activate the Incident Command System to support public health response activities 	<ul style="list-style-type: none"> Activate components of the Incident Command System to support public health response activities 	Section II.B
Implement steps for enhanced human surveillance	<ul style="list-style-type: none"> Utilize plans for enhanced human surveillance of influenza-like illness during a pandemic to include: <ul style="list-style-type: none"> Systems to collect information Data reporting processes Specimen collection and testing Strategies to communicate with providers Protocols for suspected/confirmed case investigation 	<ul style="list-style-type: none"> Utilize plans for enhanced human surveillance of influenza-like illness during a pandemic to include: <ul style="list-style-type: none"> Systems to collect information Data reporting processes Specimen collection and testing Strategies to communicate with providers Protocols for suspected/confirmed case investigation 	<ul style="list-style-type: none"> Utilize plans for enhanced human surveillance of influenza-like illness during a pandemic to include: <ul style="list-style-type: none"> Systems to collect information Data reporting processes Specimen collection and testing Strategies to communicate with providers Protocols for suspected/confirmed case investigation 	Section II.G

Coordination Activities Based on Pandemic Severity Index - RESPONSE

Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
Monitor influenza-related hospitalizations and deaths throughout the pandemic	<ul style="list-style-type: none"> Implement plans and procedures to collect information electronically on deaths and hospitalizations due to influenza during a pandemic 	<ul style="list-style-type: none"> Implement plans and procedures to collect information electronically on deaths and hospitalizations due to influenza during a pandemic 	<ul style="list-style-type: none"> Implement plans and procedures to collect information electronically on deaths and hospitalizations due to influenza during a pandemic 	Section II.G
Implement procedures for notification and information sharing	<ul style="list-style-type: none"> Utilize plans and procedures for notification and information sharing between the Mississippi State Department of Health and healthcare institutions and other key stakeholders. Ensure that communication also includes links between animal and human disease surveillance systems 	<ul style="list-style-type: none"> Utilize plans and procedures for notification and information sharing between the Mississippi State Department of Health and healthcare institutions and other key stakeholders. Ensure that communication also includes links between animal and human disease surveillance systems 	<ul style="list-style-type: none"> Utilize plans and procedures for notification and information sharing between the Mississippi State Department of Health and healthcare institutions and other key stakeholders. Ensure that communication also includes links between animal and human disease surveillance systems 	Section II.G
Implement operations steps to obtain information on and track the impact of a pandemic	<ul style="list-style-type: none"> Utilize plans and procedures to collect and analyze epidemiological information to assist in response decision 	<ul style="list-style-type: none"> Utilize plans and procedures to collect and analyze epidemiological information to assist in response decision 	<ul style="list-style-type: none"> Utilize plans and procedures to collect and analyze epidemiological information to assist in response decision 	Section II.G

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	making and for reporting to the CDC	making and for reporting to the CDC	making and for reporting to the CDC	
Implement steps for augmenting the capacity of public health and clinical laboratories	<ul style="list-style-type: none"> Utilize alternate resources for supporting clinical and public health laboratories and develop plans to utilize them in a pandemic 	<ul style="list-style-type: none"> Utilize alternate resources for supporting clinical and public health laboratories and develop plans to utilize them in a pandemic 	<ul style="list-style-type: none"> Utilize alternate resources for supporting clinical and public health laboratories and develop plans to utilize them in a pandemic 	Section II.G
Implement systems and procedures that will be used to exchange specimen-level data electronically among laboratories	<ul style="list-style-type: none"> Utilize and deploy systems to collect specimen data among clinical and public health laboratories and to report to the CDC as appropriate 	<ul style="list-style-type: none"> Utilize and deploy systems to collect specimen data among clinical and public health laboratories and to report to the CDC as appropriate 	<ul style="list-style-type: none"> Utilize and deploy systems to collect specimen data among clinical and public health laboratories and to report to the CDC as appropriate 	Section II.G
Implement call-down procedures for laboratory staff	<ul style="list-style-type: none"> Utilize call-down procedures that are integrated into laboratory pandemic plans 	<ul style="list-style-type: none"> Utilize call-down procedures that are integrated into laboratory pandemic plans 	<ul style="list-style-type: none"> Utilize call-down procedures that are integrated into laboratory pandemic plans 	Section II.G
Utilize locations for additional laboratory facilities	<ul style="list-style-type: none"> Implement plans (including MOUs or MOAs) to utilize alternate laboratory facilities 	<ul style="list-style-type: none"> Implement plans (including MOUs or MOAs) to utilize alternate laboratory facilities 	<ul style="list-style-type: none"> Implement (including MOUs or MOAs) to utilize alternate laboratory facilities 	Section II.G

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
Implement strategies for controls at ports of entry	<ul style="list-style-type: none"> Upon request for assistance from the CDC Quarantine Station, implement plans for supporting disease investigation and control operations at ports of entry 	<ul style="list-style-type: none"> Upon request for assistance from the CDC Quarantine Station, implement plans for supporting disease investigation and control operations at ports of entry 	<ul style="list-style-type: none"> Upon request for assistance from the CDC Quarantine Station, implement plans for supporting disease investigation and control operations at ports of entry 	Section II.H
Implement strategies for isolation and treatment of ill individuals	<ul style="list-style-type: none"> Utilize appropriate plans for isolation and treatment of ill individuals 	<ul style="list-style-type: none"> Utilize appropriate plans for isolation and treatment of ill individuals 	<ul style="list-style-type: none"> Utilize appropriate plans for isolation and treatment of ill individuals 	Section II.I
Provide clear policies and procedures for advising voluntary quarantine of household contacts to a known or suspected case, including processes to monitor households under quarantine	<ul style="list-style-type: none"> Utilize standard guidance for the isolation of household contacts that are used for seasonal influenza 	<ul style="list-style-type: none"> May utilize pandemic planning for the isolation of household contacts that are used for seasonal influenza 	<ul style="list-style-type: none"> Utilize pandemic planning for the isolation of household contacts that are used for seasonal influenza 	Section II.I
Implement clear policies and procedures for advising social distancing practices in the community and the worksite	<ul style="list-style-type: none"> Not likely to implement social distancing plans and guidance 	<ul style="list-style-type: none"> May implement targeted social distancing plans and guidance 	<ul style="list-style-type: none"> Implement social distancing plans and guidance 	Section II.I
Implement policies and procedures for closing schools and/or dismissing students	<ul style="list-style-type: none"> May utilize plans and procedures for closing schools and/or dismissing students on a limited 	<ul style="list-style-type: none"> May utilize plans and procedures for closing schools and/or dismissing students 	<ul style="list-style-type: none"> May utilize plans and procedures for closing schools and/or dismissing students 	Section II.J

Coordination Activities Based on Pandemic Severity Index - RESPONSE

Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	basis			
Implement policies and procedures for continuing education during prolonged school closure/student dismissal	<ul style="list-style-type: none"> Prolonged closure highly unlikely. Schools may conduct limited implementation of continuing education based on normal operations 	<ul style="list-style-type: none"> Prolonged closure unlikely. Schools may implement continuity of education plans 	<ul style="list-style-type: none"> Schools may implement continuity of education plans 	Section II.J
Clearly communicate policies and procedures about school closures/dismissal of students and other important information	<ul style="list-style-type: none"> Communicate school closures through normal procedures 	<ul style="list-style-type: none"> Communicate school closures through normal procedures May supplement normal communication procedures with public information support from ESF 15 	<ul style="list-style-type: none"> Communicate school closures through normal procedures May supplement normal communication procedures with public information support from ESF 15 	Section II.J
Protect state assets (school facilities and resources) during a pandemic	<ul style="list-style-type: none"> May implement plans to utilize schools to support pandemic flu response efforts 	<ul style="list-style-type: none"> Likely to implement plans to utilize schools to support pandemic flu response efforts 	<ul style="list-style-type: none"> Likely to implement plans to utilize schools to support pandemic flu response efforts 	Section II.J
Allocate and distribute drugs within the State	<ul style="list-style-type: none"> Provide medical countermeasures according to normal seasonal influenza protocols 	<ul style="list-style-type: none"> May provide medical countermeasures according to pandemic plans and procedures 	<ul style="list-style-type: none"> Provide medical countermeasures according to pandemic plans and procedures 	Section II.K

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
Ensure a safe and secure environment for medical countermeasure distribution	<ul style="list-style-type: none"> Implement normal security measures that are utilized for the distribution of vaccine and other medical countermeasures 	<ul style="list-style-type: none"> May implement pandemic plans for security of the distribution of medical countermeasures 	<ul style="list-style-type: none"> Implement pandemic plans for security of the distribution of medical countermeasures 	Section II.K
Administer drugs in a legal and ethical manner	<ul style="list-style-type: none"> Ensure that all drugs administered are done consistent with current legal and medical ethical standards 	<ul style="list-style-type: none"> Ensure that all drugs administered are done consistent with current legal and medical ethical standards Altered legal/ethical standards may be adopted by the state for adherence to during a pandemic 	<ul style="list-style-type: none"> Ensure that all drugs administered are done consistent with current legal and medical ethical standards Altered legal/ethical standards may be adopted by the state for adherence to during a pandemic 	Section II.K
Ensure mass vaccination capability during each phase of a pandemic	<ul style="list-style-type: none"> Provide vaccine under normal seasonal influenza vaccination protocols 	<ul style="list-style-type: none"> May implement plans for providing vaccine to the public during a pandemic 	<ul style="list-style-type: none"> Implement plans for providing vaccine to the public during a pandemic 	Section II.L
Provide healthcare during a pandemic	<ul style="list-style-type: none"> May coordinate with healthcare systems to provide targeted resources to support a surge in patients Provide guidance to healthcare organizations in such 	<ul style="list-style-type: none"> May coordinate with healthcare systems to provide resources to support a surge in patients Provide guidance to healthcare organizations in such 	<ul style="list-style-type: none"> Likely to coordinate with healthcare systems to provide resources to support a surge in patients Provide guidance to healthcare organizations in such 	Section II.M

Coordination Activities Based on Pandemic Severity Index - RESPONSE

Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	issues as infection control, case definitions and coordinate the provision of federal medical assets if activated	issues as infection control, case definitions and coordinate the provision of federal medical assets if activated	issues as infection control, case definitions and coordinate the provision of federal medical assets	
Manage mass fatalities during a pandemic	<ul style="list-style-type: none"> Unlikely to implement mass fatality management plans. Utilize normal systems for managing fatalities 	<ul style="list-style-type: none"> May coordinate the implementation of mass fatality management plans 	<ul style="list-style-type: none"> Coordinate the implementation of mass fatality management plans 	Section II.N
Develop and disseminate culturally-appropriate and language specific information	<ul style="list-style-type: none"> Within ESF-15 information management structures (if activated), ensure ongoing communication with the public to include messaging in multiple languages in culturally appropriate formats 	<ul style="list-style-type: none"> Within ESF-15 information management structures (if activated), ensure ongoing communication with the public to include messaging in multiple languages in culturally appropriate formats 	<ul style="list-style-type: none"> Within ESF-15 information management structures, ensure ongoing communication with the public to include messaging in multiple languages in culturally appropriate formats 	Section II.O
Develop and disseminate essential information	<ul style="list-style-type: none"> Within ESF-15 information management structures (if activated), ensure ongoing 	<ul style="list-style-type: none"> Within ESF-15 information management structures(if activated), ensure ongoing 	<ul style="list-style-type: none"> Within ESF-15 information management structures, ensure ongoing communication of 	Section II.O

Coordination Activities Based on Pandemic Severity Index - RESPONSE

Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	communication of essential information to the public	communication of essential information to the public	essential information to the public	
Utilize a qualified media spokesperson	<ul style="list-style-type: none"> Within ESF-15 information management structures (if activated), ensure the assignment of a qualified spokesperson for media interviews and information dissemination 	<ul style="list-style-type: none"> Within ESF-15 information management structures (if activated), ensure the assignment of a qualified spokesperson for media interviews and information dissemination 	<ul style="list-style-type: none"> Within ESF-15 information management structures, ensure the assignment of a qualified spokesperson for media interviews and information dissemination 	Section II.O
Mitigate the impact of a pandemic influenza on workers in the State	<ul style="list-style-type: none"> Ensure the availability of resources to support workers in Mississippi during a pandemic Ensure the ongoing sharing of pandemic information with workers in Mississippi 	<ul style="list-style-type: none"> Ensure the availability of resources to support workers in Mississippi during a pandemic Ensure the ongoing sharing of pandemic information with workers in Mississippi 	<ul style="list-style-type: none"> Ensure the availability of resources to support workers in Mississippi during a pandemic Ensure the ongoing sharing of pandemic information with workers in Mississippi 	Section II.P
Integrate the roles of EMS into influenza surveillance and mitigation	<ul style="list-style-type: none"> Ensure the integration of EMS transport information into influenza surveillance activities 	<ul style="list-style-type: none"> Ensure the integration of EMS transport information into influenza surveillance activities 	<ul style="list-style-type: none"> Ensure the integration of EMS transport information into influenza surveillance activities 	Section II.R/S

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
Maintain continuity of EMS operations during a pandemic influenza	<ul style="list-style-type: none"> Normal operations/resources will likely be sufficient 	<ul style="list-style-type: none"> May coordinate the provision of additional resources to support EMS operations 	<ul style="list-style-type: none"> Coordinate the provision of additional resources to support EMS operations 	Section II.R/S
Identify/ensure legal authority to support EMS operations during a pandemic	<ul style="list-style-type: none"> Maintain working knowledge of the legal authorities for EMS operations 	<ul style="list-style-type: none"> Maintain working knowledge of the legal authorities for EMS operations 	<ul style="list-style-type: none"> Maintain working knowledge of the legal authorities for EMS operations 	Section II.R/S
Establish/communicate EMS clinical standards and treatment protocols	<ul style="list-style-type: none"> Communicate clinical standards and treatment protocols with EMS providers 	<ul style="list-style-type: none"> Communicate clinical standards and treatment protocols with EMS providers 	<ul style="list-style-type: none"> Communicate clinical standards and treatment protocols with EMS providers 	Section II.R/S
Ensure the protection of the EMS workforce	<ul style="list-style-type: none"> Implement plans and protocols to ensure that EMS personnel have appropriate guidance and resources to protect themselves 	<ul style="list-style-type: none"> Implement plans and protocols to ensure that EMS personnel have appropriate guidance and resources to protect themselves 	<ul style="list-style-type: none"> Implement plans and protocols to ensure that EMS personnel have appropriate guidance and resources to protect themselves 	Section II.R/S
ESF 11 Animals, Agriculture and Natural Resources				
Ensure continuity of the food supply system	<ul style="list-style-type: none"> Monitor food supply system to ensure continuity of the food supply 	<ul style="list-style-type: none"> May implement plans and deploy personnel to ensure continuity of the food supply 	<ul style="list-style-type: none"> Implement plans and deploy personnel to ensure continuity of the food supply 	Section II.C
Ensure the ability to respond to agriculture emergencies and maintain food safety net programs	<ul style="list-style-type: none"> Conduct surveillance of the food supply to identify any potential threats 	<ul style="list-style-type: none"> Conduct surveillance of the food supply to identify any potential threats 	<ul style="list-style-type: none"> Conduct surveillance of the food supply to identify any potential threats 	Section II.D

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	<ul style="list-style-type: none"> Respond to potential and actual threats to the food supply Conduct normal operations for food safety net programs 	<ul style="list-style-type: none"> Respond to potential and actual threats to the food supply May implement plans to maintain food safety net/nutritional assistance programs during a pandemic 	<ul style="list-style-type: none"> Respond to potential and actual threats to the food supply Implement plans to maintain food safety net/nutritional assistance programs during a pandemic 	
ESF 13 Public Safety and Security				
Ensure that guiding principles for Public Safety Answering Points (PSAPs) are developed and disseminated	<ul style="list-style-type: none"> Ensure that PSAPs are included in response strategies 	<ul style="list-style-type: none"> Ensure that PSAPs are included in response strategies 	<ul style="list-style-type: none"> Ensure that PSAPs are included in response strategies 	Section II.R/S
Ensure the ability of PSAPs to provide information to the public	<ul style="list-style-type: none"> Provide PSAPs with updated public health information 	<ul style="list-style-type: none"> Provide PSAPs with updated public health information 	<ul style="list-style-type: none"> Provide PSAPs with updated public health information 	Section II.R/S
Ensure PSAPs are able to facilitate call screening	<ul style="list-style-type: none"> May implement plans for PSAPs to provide pandemic information to the public, including the deferring of calls to call centers and other information resources if appropriate 	<ul style="list-style-type: none"> Implement plans for PSAPs to provide pandemic information to the public, including the deferring of calls to call centers and other information resources if appropriate 	<ul style="list-style-type: none"> Implement plans for PSAPs to provide pandemic information to the public, including the deferring of calls to call centers and other information resources if appropriate 	Section II.R/S
Ensure PSAP protocols provide for priority dispatch of limited EMS resources	<ul style="list-style-type: none"> May disseminate revised protocols for the dispatch of EMS 	<ul style="list-style-type: none"> May disseminate revised protocols for the dispatch of EMS 	<ul style="list-style-type: none"> Disseminate revised protocols for the dispatch of EMS 	Section II.R/S

Coordination Activities Based on Pandemic Severity Index - RESPONSE				
Objectives	1	2 or 3	4 or 5	Reference
	Mild	Moderate	Severe	
	resources during a pandemic	resources during a pandemic	resources during a pandemic	
Educate and train PSAPs	<ul style="list-style-type: none"> May provide just-in-time training to PSAPs on pandemic information and dissemination resources 	<ul style="list-style-type: none"> Provide just-in-time training to PSAPs on pandemic information and dissemination resources 	<ul style="list-style-type: none"> Provide just-in-time training to PSAPs on pandemic information and dissemination resources 	Section II.R/S
Ensure PSAP continuity of operations	<ul style="list-style-type: none"> Unlikely to implement continuity of operations plans for PSAP operations 	<ul style="list-style-type: none"> May implement continuity of operations plans for PSAP operations 	<ul style="list-style-type: none"> Implement continuity of operations plans for PSAP operations 	Section II.R/S
Ensure public safety and law enforcement operations continue during a pandemic	<ul style="list-style-type: none"> Unlikely to implement plans to ensure that critical components of the law enforcement and justice systems continue during a pandemic 	<ul style="list-style-type: none"> May implement plans to ensure that critical components of the law enforcement and justice systems continue during a pandemic 	<ul style="list-style-type: none"> Implement plans to ensure that critical components of the law enforcement and justice systems continue during a pandemic 	Section II.U
Implement the National Infrastructure Protection Plan (NIPP) risk management framework for a pandemic	<ul style="list-style-type: none"> May utilize elements of the NIPP risk management framework 	<ul style="list-style-type: none"> Utilize elements of the NIPP risk management framework 	<ul style="list-style-type: none"> Utilize the NIPP risk management framework 	Section II.X

Mississippi State Operational Stage: Recovery

USG Stage: 6

CDC Interval: Recovery

Trigger indicating that Mississippi could be affected: Laboratory-confirmed human out breaks throughout the United States are only occurring sporadically.

Trigger indicating that Mississippi is affected: Laboratory-confirmed pandemic influenza cases are occurring only sporadically in Mississippi, as defined in CDC surveillance criteria, or the Mississippi healthcare system utilization is approaching pre-pandemic levels

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
ESF 1 Transportation		
Keep foods and people moving during a pandemic influenza	<ul style="list-style-type: none">• Reinstate normal operation of public transportation and prepare for the possibility of another pandemic wave	Section II.F
Protect transportation workers during a pandemic influenza	<ul style="list-style-type: none">• Ensure disinfection of workplace• Instruct personnel on the resumption of normal operations with the potential for a subsequent wave• Ensure the restocking of supplies expended during the pandemic	Section II.F
Protect the public while using transportation systems during a pandemic	<ul style="list-style-type: none">• In coordination with the Mississippi State Department of Health ESF 15 ongoing pandemic information to passengers on public transportation• Return to normal sanitizing and cleaning operations	Section II.F

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
ESF 2 Communications		
Implement operating plans for two-way communications during a pandemic	<ul style="list-style-type: none"> • Ensure the ongoing functionality of two-way communications systems consistent with the ESF 2 Annex in the CEMP • Ensure that two-way communication systems are returned to normal functioning at the conclusion of response and recovery operations 	Section II.O
ESF 5 Emergency Management		
Ensure continuity of government in face of significantly increased absenteeism	<ul style="list-style-type: none"> • Reallocate resources assigned to essential functions back to their normal functions 	Section II.A
Assist employees of state agencies unable to work for a significant time period	<ul style="list-style-type: none"> • Return to normal HR policies and procedures for absenteeism 	Section II.A
Communicate with employees of state agencies	<ul style="list-style-type: none"> • Provide updated information to state agencies/organizations and ensure pandemic information is communicated to state workers 	Section II.A
Ensure state agency workplaces are safe workplaces during pandemic	<ul style="list-style-type: none"> • Return to standard workplace infection control practices such as hand hygiene and cough etiquette 	Section II.A
Revise human resource and other workplace policies affecting the safety of State government workers	<ul style="list-style-type: none"> • Return to normal HR policies and procedures for the workplace such as sick leave and telework • May continue to implement programs to address psychological and social needs of state workers 	Section II.A
Ensure uniformed military services are integrated into all phases of state pandemic influenza planning	<ul style="list-style-type: none"> • Coordinate with activated resources from the Mississippi Military Department and federal military services to return to normal operations 	Section II.E

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
Ensure that local emergency managers and local health departments coordinate planning with active federal military installations in their jurisdictions, if present	<ul style="list-style-type: none"> • Coordinate recovery plans between local jurisdictions and military installations and facilitate communication if needed and as required 	Section II.E
Facilitate coordination with Military organizations and response assets	<ul style="list-style-type: none"> • Support coordination and communication for planning efforts with the Mississippi Military Department and federal military services 	Section II.E
Understand official communication mechanisms for foreign missions, international organizations and their members in the United States	<ul style="list-style-type: none"> • Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	Section II.Q
Facilitate coordination with military organizations and response assets	<ul style="list-style-type: none"> • Advise on and facilitate as appropriate communications with foreign missions, international organizations and their members with a presence in the state of Mississippi 	Section II.Q
Define Critical Infrastructure and Key Resources (CIKR) protection, planning, preparedness, response and recovery roles and responsibilities	<ul style="list-style-type: none"> • Evaluate the impact of the pandemic on CIKR and identify opportunities for improvement 	Section II.V
Build and utilize public-private partnerships and support networks	<ul style="list-style-type: none"> • Evaluate the impact of the pandemic on CIKR and identify opportunities for improvement • Support the recovery of CIKR from the pandemic 	Section II.W
Bolster CIKR information sharing and protection initiatives	<ul style="list-style-type: none"> • Support the ongoing exchange of information among CIKR partners 	Section II.Y
Leverage emergency preparedness activities for CIKR protection, planning,	<ul style="list-style-type: none"> • Conduct assessments of the impact of a pandemic on CIKR sector • Provide assistance to the CIKR sector to ensure recovery of infrastructure 	Section II.Z

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
preparedness, response and recovery		
Integrate federal, state, local, tribal and territorial government with the public- and private-sector CIKR protection, planning, preparedness, response and recovery activities	<ul style="list-style-type: none"> Coordinate recovery of CIKR sector 	Section II.AA
Prioritize and allocate scarce resources	<ul style="list-style-type: none"> Coordinate assistance programs to ensure the replenishment of utilized resources 	Section II.BB
ESF 8 Public Health and Medical Services		
Maintain essential public health functions	<ul style="list-style-type: none"> Transition from maintenance of essential functions to normal operations 	Section II.B
Pre-identify personnel, equipment and resources to support sustained response/survivability and recovery	<ul style="list-style-type: none"> Transition personnel and resources to normal operations 	Section II.B
Pre-identify primary and secondary individuals for core functional roles per the Incident Command System	<ul style="list-style-type: none"> Maintain recovery components of the Incident Command System Transition some Incident Command Staff to normal operations 	Section II.B
Implement steps for enhanced human surveillance	<ul style="list-style-type: none"> Reduce the scope of implemented plans for enhanced human surveillance of influenza-like illness Evaluate the effectiveness surveillance response activities 	Section II.G
Monitor influenza-related hospitalizations and deaths throughout the pandemic	<ul style="list-style-type: none"> Reduce the scope of implemented plans and procedures to collect information electronically on deaths and hospitalizations 	Section II.G

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
Implement procedures for notification and information sharing	<ul style="list-style-type: none"> Reduce the scope of implemented plans and procedures for notification and information sharing between the Mississippi State Department of Health and healthcare institutions and other key stakeholders 	Section II.G
Implement operations steps to obtain information on and track the impact of a pandemic	<ul style="list-style-type: none"> Provide retrospective characterization of the pandemic 	Section II.G
Implement steps for augmenting the capacity of public health and clinical laboratories	<ul style="list-style-type: none"> Return laboratory operations to normal operations 	Section II.G
Implement systems and procedures that will be used to exchange specimen-level data electronically among laboratories	<ul style="list-style-type: none"> Reduce the scope of implemented systems to collect specimen data among clinical and public health laboratories 	Section II.G
Implement call-down procedures for laboratory staff	<ul style="list-style-type: none"> Evaluate call-down procedures utilized and implement improvements as necessary 	Section II.G
Utilize locations for additional laboratory facilities	<ul style="list-style-type: none"> Return laboratory operations to normal operations 	Section II.G
Implement strategies for controls at ports of entry	<ul style="list-style-type: none"> Facilitate the completion of reporting requirements to the CDC at the conclusion supporting CDC operations 	Section II.H
Implement steps for cessation of community mitigation activities	<ul style="list-style-type: none"> Coordinate the cessation of community mitigation activities 	Section II.I
Implement steps to reopen schools and reconvene students	<ul style="list-style-type: none"> Prolonged closure is unlikely; may implement plans to reopen schools 	Section II.J
Communicate policies for reopening schools/reconvening students	<ul style="list-style-type: none"> Communicate school reopening through normal procedures Supplement normal communication procedures with public information support from ESF 15 as needed 	Section II.J

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
Restore learning environment	<ul style="list-style-type: none"> Implement strategies to restore learning environment due to school closure/student dismissal 	Section II.J
Monitor for adverse reactions to drugs	<ul style="list-style-type: none"> Ensure the ongoing monitoring and reporting of adverse reaction to administered medical countermeasures 	Section II.K
Ensure mass vaccination capability during each phase of a pandemic	<ul style="list-style-type: none"> Continue to ensure that vaccine is available to the public If necessary, ensure that subsequent doses of vaccine are provided to the public 	Section II.L
Provide healthcare during a pandemic	<ul style="list-style-type: none"> Coordinate the transition to normal healthcare operations Continue to provide guidance to healthcare organizations on such issues as infection control and case definitions and coordinate the provision of federal medical assets if activated 	Section II.M
Manage mass fatalities during a pandemic	<ul style="list-style-type: none"> Coordinate the transition from mass fatality management to normal fatality management operations 	Section II.N
Develop and disseminate culturally-appropriate and language specific information	<ul style="list-style-type: none"> Within ESF-15 information management structures (if activated), ensure the ongoing communication with the public to include messaging in multiple languages in culturally appropriate formats 	Section II.O
Develop and disseminate essential information	<ul style="list-style-type: none"> Within ESF-15 information management structures(if activated), ensure the ongoing communication of essential information to the public 	Section II.O
Utilize a qualified media spokesperson	<ul style="list-style-type: none"> Within ESF-15 information management structures (if activated), ensure the assignment of a qualified spokesperson for media interviews and information dissemination 	Section II.O
Mitigate the impact of a pandemic influenza on workers in the State	<ul style="list-style-type: none"> Continue to ensure the availability of resources to support workers in Mississippi during a pandemic throughout the transition to normal operations Continue to ensure the ongoing sharing of pandemic information with workers in Mississippi 	Section II.P
Integrate the roles of EMS into influenza surveillance and mitigation	<ul style="list-style-type: none"> Continue to monitor EMS transport information as part of ongoing influenza surveillance activities 	Section II.R/S

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
Maintain continuity of EMS operations during a pandemic influenza	<ul style="list-style-type: none"> • Coordinate the transition to normal EMS operations 	Section II.R/S
Identify/ensure legal authority to support EMS operations during a pandemic	<ul style="list-style-type: none"> • Maintain working knowledge of the legal authorities for EMS operations 	Section II.R/S
Establish/communicate EMS clinical standards and treatment protocols	<ul style="list-style-type: none"> • Continue to communicate clinical standards and treatment protocols with EMS providers 	Section II.R/S
Ensure the protection of the EMS workforce	<ul style="list-style-type: none"> • Continue to ensure that EMS personnel have appropriate guidance and resources to protect themselves 	Section II.R/S
ESF 11 Animals, Agriculture and Natural Resources		
Ensure continuity of the food supply system	<ul style="list-style-type: none"> • Inspect, assess and report status of food supply system to ensure continuity of the food supply and return to normal functioning 	Section II.C
Ensure the ability to respond to agriculture emergencies and maintain food safety net programs	<ul style="list-style-type: none"> • Inspect, assess and report status of food supply system to ensure continuity of the food supply and return to normal functioning • Return food safety net/nutritional assistance to pre-pandemic operations 	Section II.D
ESF 13 Public Safety and Security		
Ensure that guiding principles for Public Safety Answering Points (PSAPs) are developed and disseminated	<ul style="list-style-type: none"> • Ensure the PSAPS are included in recovery strategies 	Section II.R/S
Ensure that PSAPs provide information to the public	<ul style="list-style-type: none"> • Continue to provide PSAPs with updated public health information 	Section II.R/S

Objectives	Coordination Activities on Pandemic Severity Index - RECOVERY	Reference
Ensure PSAPs are able to facilitate call screening	<ul style="list-style-type: none"> Continue to implement plans for PSAPs to provide pandemic information to the public, including the deferring of calls to call centers and other information resources if appropriate 	Section II.R/S
Ensure PSAP protocols provide for priority dispatch of limited EMS resources	<ul style="list-style-type: none"> Transition to normal EMS dispatch operations 	Section II.R/S
Educate and train PSAPs	<ul style="list-style-type: none"> Debrief PSAPs to incorporate lessons learned into future trainings 	Section II.R/S
Ensure PSAP continuity of operations	<ul style="list-style-type: none"> Transition to normal PSAP operations 	Section II.R/S
Ensure public safety and law enforcement operations continue during a pandemic	<ul style="list-style-type: none"> Transition to normal law enforcement and justice system operations 	Section II.U
Implement the National Infrastructure Protection Plan (NIPP) risk management framework for a pandemic	<ul style="list-style-type: none"> Transition to normal risk management operations 	Section II.X